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ABSTRACT

Dramatic increases in single parenthood and the number of employed mothers have led to the articulation of policies and programs designed to strengthen the family in Ireland. This report examines the experience of Community Mothers' Programme in Limerick City. Based on the assumption that the understanding, advice, and support of an experienced mother can enhance a new mother's ability to care for and enjoy her child and thereby enhance child developmental outcomes, the program provides up to 13 visits to a new mother in her home by an experienced mother who had received training focusing on listening skills, on encouraging positive self-esteem, and on providing information regarding local services. The report outlines the establishment of the program on a pilot basis, explores the context within which the program was provided, discusses its effect on recipients and providers, and makes suggestions for improving program operation. Also noted are evaluation findings indicating that for both providers and recipients, the program had a very positive effect, especially with regard to the way recipients handled their children and their knowledge about what was going on within the community. Although all the recipients were satisfied with the program, they were in favor of more frequent visits. Providers identified difficulties in communicating the program's purposes. (Contains 50 references.) (KB)

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PARENTS SUPPORTING PARENTS

An Evaluative Report on the National Parent Support Programme Mid-West

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PARENTS SUPPORTING PARENTS

An Evaluative Report on the National Parent Support Programme Mid-West

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Foreword

The publication of this Evaluation Report is an important contribution to the current debate on the welfare of families in Ireland. In recent years there has been a strong focus on child abuse and child protection. While this focus has been necessary, it is only one dimension in the provision of services for families and children. Another important dimension, which seldom reaches the headlines, is the quiet work of carers who support relatives, friends and neighbours in times of stress.

This report highlights the work of one such group of carers. These are local women in the corporation estates of Limerick City who, through the Community Mothers' Programme, support parents after the birth of a child.

The expertise that these visitors bring is their experience of giving birth and raising their children in the same communities. The birth of a child is a time of great joy. It is clear from this report that it may also be a time of great anxiety. The report clearly highlights the importance of having support available to parents at this time, support which involves listening in an attentive and non-judgemental manner.

The evaluation clearly shows that through the Programme, the social contacts of parents increased. It improved the way they handled their children and provided them with information about services in their own community.

There are a number of reasons why parents have difficulty in caring for their children. Isolation, low self-esteem, lack of confidence in one's parenting abilities and lack of knowledge about and difficulties in accessing support services are factors in most such situations. The Community Mothers' Programme addresses these issues.

I wish to commend Dr. Pat O'Connor and her team on the quality of this document. I would like to thank Limerick Social Service Council for agreeing to host the pilot phase of the Programme for committing itself to the next phase of the programme's development. I wish to acknowledge the commitment of the Community Mothers led by Co-ordinators Gerry Nolan and Liz Dunworth, and of the support team from the Mid-Western Health Board; Christopher Sheridan, Pam Lamb and Geraldine Hanna. Finally I would like to thank the Bernard Van Leer Foundation for providing us with the opportunity to develop the Programme in our region.

Stiofán de Búrca

Priomh Oifigeach Feidhmeacháin

Acknowledgements

The Community Mothers' Programme in Limerick would not have been initiated without the stimulus provided by the Bernard Van Leer Foundation and the commitment of the Assistant Chief Executive Officer, Martin Duffy; the Director of Child Care and Family Support Services, Gerard Crowley; and Joan Cashman, the Superintendent Public Health Nurse. The importance of this initiative is reflected in the fact that the Department of Health is encouraging all Health Boards to provide support to parents along similar lines.

As internal evaluator of the Community Mothers' Programme I would particularly like to record my gratitude to the Programme Manager, Chris Sheridan for his generous co-operation and his commitment to maximising the efficacy of the project. I would like to express my appreciation of the work of all the members of the Steering Group viz. Pam Lambe; Geraldine Hanna, Gerry Nolan (Co-ordinator) and Liz Dunworth (Co-ordinator). I would especially like to note the work done by the two Co-ordinators who provided the material for the documentary analysis and the sampling frames for the in-depth evaluation. This evaluation could not have been undertaken without the work of Fiona Fitzgerald and Carmel Gould and I am deeply grateful for their calm efficiency and persistence.

I have appreciated the support of Henriette Heimgaertner and Salvatore Romagna from the Bernard Van Leer Foundation and of Professor Douglas Powell, Purdue University, the international evaluator of the Programme. Professor Noel Whelan (V.P.), Director of the Centre for Governance and Public Management, has been an unfailing source of affirmation; while Professors Stuart Hampshire (D.R.); Geraldine Sheridan (ADR); Eddie Moxon Browne (previous ADR); Colin Townsend (D.H.) and Nick Rees (HOD) facilitated the completion of this project as part of the Research Achievement Award.

No Programme would of course exist without the providers and recipients. I should like to acknowledge their work and to thank them for their participation.

Executive Summary

The Mid-Western Health Board, together with a number of other Health Boards, was approached by the Bernard Van Leer Foundation in 1992 with a view to developing a version of the National Parent Support Programme. This Programme was initially piloted in the Eastern Health Board. It is community-based and peer-led. Implicit in it is the idea that parenting is an important and sometimes undervalued activity, and that the understanding, advice and support of an experienced parent can enhance a new parent's ability to enjoy their child and to care effectively for him/her.

This ethos was extremely attractive to management and staff in the Mid-Western Health Board. They were acutely aware of the need for preventative Child Care and Family Support services, and were accustomed to engaging in Partnership activities. With their support, the Programme was initiated in Limerick City in 1993 on a pilot basis. Officially the Programme was known as the National Parent Support Programme (Mid-West). However since all of the providers and recipients were women, it is generally referred to as the Community Mothers' Programme. Broadly similar programmes were initiated in 1993 in the North Eastern and Midland Health Boards - and close links were developed with these Programmes and with a related one in the Southern Health Board in 1995. The value of these developments has been recognised at national level. Thus the Department of Health, in its Policy for Women's Health, (1995:56) noted that:

> *'Health Boards should develop ways of assisting inexperienced mothers in disadvantaged areas, on the model of the Community Mothers' Programme'*

In Limerick the Community Mothers' Programme is offered (free of charge) to parents within designated disadvantaged estates in Limerick city who give birth to a baby. It typically involves an offer of up to 13 visits by the Community Mother to the new mother in her own home. These visits occur on average once a month- although both the number and the frequency of visits can be adjusted to meet the mother's needs. The scale of the project to January 1997 can be indicated by the fact that it has involved 368 families, who have received a total of 1390 visits; with 633 induction and 362 feedback experiences (on an individual or group basis) being provided to the 36 Community Mothers who were involved with the Programme at various stages.

The initiation and ongoing development of the Programme has been in the hands of a Steering Group which has included the Manager, Chris Sheridan, a Community Worker on the Social Work team of the Health Board; Pam Lamb, a Public Health Nurse from the Health Board; Geraldine Hanna, from the Health Education team of the Health Board; Gerry Nolan, a local community activist who has acted as Co-ordinator of the day to day work of the programme and Liz Dunworth who, as one of the first group of Community Mothers, has acted as a second Co-ordinator since 1995. This group have been responsible for the selection and support of Community Mothers and for the integration of the project both directly and indirectly with a wide variety of other community based services.

The methodological approach used in the internal evaluation was largely a qualitative summative one involving ongoing support; documentary analysis and an in-depth evaluation of the Programme at one point in time from the perspective of both the recipients and providers. This in-depth evaluation used a one in three random sample of mothers who were identified as having received at least three visits (the **recipients**) and all of those who were involved in its delivery at some stage as Community Mothers (the **providers**). A response rate of 84% was obtained amongst the **recipients**, and 96% amongst the **providers**, with a total of 53 women being interviewed in the course of the in-depth study. This looked at the context of the Programme; their overall evaluation and perception of it; their assessment of its delivery and its perceived impact

The evaluation highlighted the need for a Community Mothers' Programme. Roughly half of the **recipients** graphically described strongly negative feelings when they were asked what things were like when they came home from hospital with the new baby

> *'it was 'terrible'; 'very hard, very stressful'; 'desperate, very depressed;' 'fit to kill someone;' 'tied down, terrible'; 'depressed because he never stopped crying'; 'very depressed. I was crying and blaming myself that the baby was premature;' '[I was thinking] how am I going to cope with four children. I was a nervous wreck'.*

It is important to note that the birth was a first birth in the case of only a quarter of the **recipients**. Almost two fifths of the recipients had at least three or four children. Similar experiences and feelings, emerged amongst the majority of the **providers**.

These patterns clearly challenge simplistic assumptions that all women feel positively when they come home from hospital with a new baby; and the idea that negative feelings are peculiar to first time mothers. The intensity of these feelings vividly highlights the reality of new mothers' needs for support at this time. They are particularly striking in view of the fact that the majority of the ***recipients*** and ***providers*** had a partner (i.e. husband or boyfriend) at that time and that the majority of them had relatives, most of whom they saw as helpful, living nearby. Thus quite clearly the existence of local support systems do not obviate the need for the Community Mothers' Programme. It was also clear that although it is commonly assumed that a partner is the main source of support, roughly two fifths of both the ***recipients*** and ***providers*** identified him as the person who gave most support at that time. Furthermore it was clear that the existence of a partner at the time of the birth by no means guaranteed his continued support, or even his presence. Thus although 81% of the ***recipients*** (the majority of whom were in their 20s) had a partner when the child was born, only 58% described themselves as having one at the time of interview.

The Community Mothers' Programme is community based. Typically, the recipients in the in-depth study had been living in the area for less than ten years, while the majority of the providers were more deeply embedded locally, having lived there for at least at least 11 years, and in many cases very much longer. The Programme is also peer-led. Thus, ***providers***, who were typically in their late 30s and early 40s- were recruited locally and were paid a nominal sum of £3 per visit. It is perhaps not surprising that at a time when employment opportunities are increasing for women, there was a considerable turnover in the ***providers***. However the older women (i.e. those aged over 41 years old) were less likely than their younger counterparts (particularly those aged less than 30 years) to quit. This may reflect the greater difficulties they had in gaining alternative employment or getting access to training schemes. In any case, just over two fifths of all the ***providers*** in the in-depth study were in paid employment - as compared with more than three fifths of the women who were the ***recipients*** (i.e. those who had a new baby).

The fact that the Programme was community based had inevitable implications as regards training. Thus, for example, the majority (85%) of the providers found offering the Programme -knocking on doors- very difficult at the beginning:

> *'I felt terrible; embarrassed;' 'sick, very nervous'; 'I hated it.'*

Almost two thirds of them said that it had got easier as time went on. More than three quarters of them assessed the training programme as 'very helpful' i.e. at the very top of the five- point scale. In explaining their satisfaction with the training, they said

> *'It prepared you for rejection at the doors.' 'It gives you the confidence to go out and do it.' 'It made us think back to when we were mothers ourselves and this made us more aware of how the new mother felt'.*

They also noted that it gave them information on stages of development, as well as ideas about how to manage their own children.

In assessing the impact of the Programme, attention was particularly focused on its effect on the respondents themselves; on the way they handled their children and on their information about, and involvement in, the local community. Firstly then, over four fifths of the **recipients** and all the **providers** were able to identify positive effects of the programme. These varied somewhat between the two groups, with the **recipients** being more likely to mention being more secure and the **providers** being more likely to mention that the Programme had increased their confidence. Sizeable groups of both the **recipients** and the **providers** mentioned that the Programme had given them more knowledge and had increased their social contacts, as well as referring to a variety of other positive effects on themselves and their life style.

Secondly, roughly three fifths of both the recipients and providers said that it had impacted on the way they handled their children i.e. that it had made them more understanding of, and more informed about, their children's needs:

> *'I'm a lot calmer now.... I don't blame myself as much when she cries now;' 'I think a bit more about the way I handle them;' 'I see the good now in the kids;' 'I use better wording now when I correct them.'*

Some mentioned that it had specific effects in the health area:

> *'diet for the baby. It improved it;' 'I am more watchful of my kids health now.'*

Educational cartoons, which were used in the Programme as a way of giving discrete advice were extremely popular amongst both the **providers** and the **recipients**: *'the best invention ever'; 'anyone would enjoy reading them'.*

Thirdly, just over half of those who had received it, and more than four fifths of the providers, said that it had increased their information about the local community:

> *'about courses, the Health Centre;' 'about classes, clinics, smear test information,*

> *eye clinics;' 'about dances, social events, crèches;' 'mother/ toddler groups;' 'about money advice and rights in Social Welfare in general.'*

Such information can be regarded as a prelude to involvement. More than three-quarters of the providers also saw the Programme as having improved their links with the local community. Half of them were currently involved in a very impressive range of community organisations, and 96% of them had been involved in a wide range of classes of various kinds. Such phenomena cannot be definitively attributed to participation in the Community Mothers' Programme, although it undoubtedly had an effect on it.

The Report indicates that fine-tuning is necessary in order to improve the delivery of the Programme in various ways. There were some administrative inadequacies which affected its delivery (e.g. the passing on of cases) and which affected the evaluation study in various minor ways (e.g. by underestimating the number of families who had received at least three visits etc.). Such difficulties need to be set against the importance of genuinely rooting programmes in a local area and creating alternative power bases within communities, which are frequently alienated from professional services.

The Mid-Western Health Board and the Bernard Van Leer Foundation are to be congratulated on the initiation of this important and effective project. It is clear that it has made a valuable contribution to the well being of parents and children in the Mid-West. It is also clear that it is very much in line with both Department of Health policy and with the focus in the Child Care Act 1991 on preventative services. It requires mainstream funding now that its pilot phase is completed. There can be no doubt of the desirability of resources being committed to this end.

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PARENTS SUPPORTING PARENTS

1. Introduction

The Mid-Western Health Board has consistently recognised the importance of undertaking basic research concerned with the need for services, as well as research which evaluates such services. It has also helped to develop models of best practise (e.g. O'Connor et al, 1988; O'Connor et al, 1991; Lyons et al, 1992; Ruddle and O'Connor, 1992; O'Higgins, 1993 and O'Connor, 1996, A and B). This Report on the Community Mothers' Programme in Limerick is very much in this tradition of work. It outlines the establishment and structure of the Programme (Section 2); describes its methodology and the context in which it was provided (Sections 3-5); and then evaluate it in terms of a number of key dimensions (Sections 6-8). A substantive summary is located in Section 9.

Under Section 8 of the Child Care Act (1991) all Health Boards are obliged to publish an annual review of child care and family support services, and such reviews have been published, in the Mid-Western Health Board since 1993. In that Health Board, as indeed throughout Ireland, the main focus of Health Board policy is 'to assist parents in nurturing their children and in providing for their welfare and protection' (Mid- Western Health Board, 1996:9). In Ireland, as indeed elsewhere, parenting activities are predominantly undertaken by the mother. Very little attention however has been paid to women's actual experience of motherhood (Nicholson, 1997). It has been assumed that it is 'naturally positive', a view, which, obviates any need for society to provide support for women after the birth of a child. Oakley (1980; 1984) was amongst the first to challenge these ideas, and they have continued to be intermittently challenged (Rich, 1977; Boulton, 1983; O'Connor 1993; Richardson, 1993; Nicholson, 1997). There has also been increasing recognition of the fact that the experience of bringing up children is an extremely demanding, and in some cases a very isolated activity in Western society. Boulton (1983) showed that high levels of meaning involving motherhood could co-exist with low levels of positive experiences on a day to day basis. O'Connor (1993) found that although the overwhelming majority of the lower middle class British women in her study were very committed to motherhood, and although the majority saw it as at least somewhat identity enhancing, roughly half of them had interaction with their children which was less than somewhat positive.

Indirect evidence of the psychological cost of mothering in social situations that we typically regard as 'normal' has emerged from a number of other sources. Thus for example, Whelan et al (1991) found that in an Irish national sample, women who were full time in the home were twice as likely as those who were in paid employment to be psychologically distressed. This is not to say that such women did not get considerable pleasure, meaning and satisfaction from being housewives and mothers. It was simply that the experience was a demanding one; that not all women were temperamentally suited to it and that their response to it was exacerbated by poverty and by lack of support from a partner or close relatives (particularly their mother). Broadly similar trends emerged in Fitzgerald and Jeffers (1994) study of mothers (aged 28-50 years) of a sub-set of children attending 40 primary schools in West Dublin. Thus they found that just under one third (31%) of these mothers had a formal psychiatric diagnosis of depression. They also found that women whose partners were unemployed; who were in households without a car or a phone; who were dissatisfied with their housing or income and who never had time with friends were most likely to be depressed. These trends are not of course peculiar to Ireland (Miles, 1988).

Until very recently, it was assumed that insofar as these difficulties existed they were particularly acute in the case of lone parents. However evidence such as McCashin's (1996) has suggested that such assumptions may be problematic. His study was qualitative and focused on lone parents within one area of Dublin (Coolock). He found that the lone mothers in that study were coping well and positively enjoying the day to day experience of child care. Some did find being a lone parent a strain and some were lonely. He noted that support from other mothers was crucially important in mitigating these feelings. McCashin's study raises the question as to why we see lone motherhood as a problem, but fail to recognise the very real difficulties which are experienced by women raising children in two parent families.

The societal illusion that motherhood is 'naturally ' positive is extremely useful, in so far as it obviates the need for social support for 'normal' women, particularly those who have partners. In Ireland, child care is perceived as a family responsibility, in fact as the mother's responsibility (O'Connor, 1992). The Irish State has shown itself to be very unwilling to share this responsibility, although interestingly the practise of sharing responsibility for financial support (i.e. through the Social Welfare system) is seen as unproblematic. In any event in Ireland public funding for child care for children under six years, other than through early entry to the Primary School system, is very low. Ireland, with the UK and the Netherlands has the lowest level in the EU of publicly funded child care services for children of all ages (O'Connor and Shortall, 1999; European Commission Network on Child Care, 1996).

Yet it has been well established that children's early experiences are important, and that intervention in the early years can stimulate children's intellectual, social and personal development and so can help break cycles of disadvantage. Indeed the Rutland Street project funded by the Bernard Van Leer Foundation in Dublin in the 1970s was an early recognition of this. The same kind of focus lies behind the Lifestart Programmes described by Mc Nelis and Kelleher (1994). The Limerick Community Mothers' project can be located in this context, albeit that the focus of this programme (as in McNelis and Kelleher's own work) was on the mothers themselves, on the assumption that support for them would impact on their children's experiences. Hermanns (1997) noted that the importance of social support for the mother as a way of facilitating children's development has only recently been recognised in child development projects. It is however increasingly supported by empirical evidence, which as Hermanns (1997:51/52) noted, shows that praising and hugging the child was positively related to the social support available for the parents themselves. Help in the domain of care taking and child rearing was the key factor 'in fostering and promoting child development and buffering the adversities of risks.'

Yet as recognised by Barker (1997:57) this focus on the empowerment of women since they are most actively involved in child rearing sits uneasily with what he calls 'the competing power bases of society, particularly male controlled hierarchical State structures. The latter are more comfortable with the professionalisation and control of child care, albeit that it is increasingly recognised that implicit in this is almost an open ended demand for resources.

The ethos of the Community Mothers' Programme then reflects and reinforces the need for parental support to be provided by experienced parents, within a context, which recognises the importance of empowerment rather than control. Sheridan et al (1997) have suggested that central to the philosophy of the programme is the provision of someone

- who listens;
- who puts the mother centre stage;
- who trusts them to become a good parent;
- who respects their views and
- who provides them with access to any information they might need.

Typically the contact is on a one to one basis in the mothers own home, although there is an openness to considering a group context and/or alternative venues. Thus implicit in the programme is the idea that, as Powell (1990; 1993) has noted, the venue is not in itself a defining feature of the programme.

2. Establishment of the Programme

In this section the process through which the Programme was established will be briefly outlined; its structure and delivery described and an indication of the scale of the Programme provided, drawing on the documentary material which was available.

2.1 History of the Programme

In 1992 the Mid-Western Health Board along with other Health Boards were approached by the Bernard Van Leer Foundation and the Early Childhood Development Unit (E.C.D.U.) in Bristol with a view to exploring their interest in setting up a version of the Community Mothers' Programme. This programme had been developed in the Eastern Health Board in the 1980s (Molloy, 1997; Mc Nelis and Kelleher, 1994; Johnson et al 1993). As noted by Molloy (1997:37), in the Eastern Health Board in the late 1980s *'a new approach was adopted by replacing the Public Health Nurse with an experienced mother from the same community and of similar status as the client.'* The Programme there then became known as the Community Mothers' Programme. Subsequent evaluations have shown that it has been very effective, in terms of the health and well being of both mothers and children. There have been a number of spin-offs from it including the extension of the programme to Traveller groups; as well as the emergence of a number of Parent and Toddler Groups, Breast-feeding support groups etc. (See Molloy, 1997; also Mc Nelis and Kelleher, 1994; Johnson et al., 1993).

Between July 1992 and June 1993 three Health Boards (the Mid-Western, the North Eastern and the Midland) each selected a Steering Group of three people who would undergo training at the Early Childhood Development Unit in Bristol (see Sheridan et al, 1997). In addition each programme was to have a liaison person within the Health Board who had overall responsibility for overseeing the development of the programme and for keeping both the Health Board and the Bernard Van Leer Foundation informed of developments. Because of the community focus of the initiative, the Community Worker in the Mid-Western Health Board was given this responsibility. Each Health Board was asked to submit a proposal for the overall development of the programme in its area for a 3-year period from 1993-1996. In July 1993 it was decided to pilot the programme in Limerick, initially up to 1996. This period was later extended to June 1997. During this period contacts were made with Kilmallock and Nenagh, with a view to developing the Community Mothers programme in a rural area. National networking between the Mid-Western, Midland and North Eastern Health Boards has been very much a feature of the Programme right from the start, and since 1995 close links have been established with a similar programme in the Southern Health Board.

At an international level, links have been established with similar projects in Holland, the US as well as the UK. A network to co-operate on research relating to these projects was established at an International Conference in Amsterdam in 1996. It facilitated the drawing together of polices, practices and theoretical perspectives underlying these programmes in a subsequent publication (Community Health, Community Care, Community Support edited by M. Hanrahan and B. Prinsen). It is envisaged that a further international conference will be held. The international evaluator, Professor Douglas Powell, Purdue University, Indiana hopes to encourage further dissemination of the evaluation of the Programme with a view to the development of models of best practise at national level.

As noted by Sheridan et al (1997) a number of factors at national and local level affected the receptivity of Health Boards to this kind of programme. At national level there was a dramatic increase in both the proportion of young married women who were in paid employment; a dramatic decline in the average number of children and an equally dramatic increase in lone parenthood. The extent of the change in Irish married women's participation in paid employment can be illustrated by the fact that in the early 1970s just over 7% of married women were in the labour force. (Up to 1973 the Marriage Bar existed so that married women in a variety of occupations were not allowed to continue in paid employment after marriage)(O'Connor, 1998) In 1996, 63% of married women aged 25-34 years were in the labour force, although these were also the years when the demands of child bearing and rearing were at their most intense (with 61% of all births being to women aged 25-34 years: Labour Force Survey, 1996 (1997); CSO (1997).

Similarly dramatic changes have occurred as regards lone parenthood. Thus whereas in 1980 births outside marriage made up 5% of all births, by 1996 they made up 25% of all births (and roughly one third of all first time births: Vital Statistics, 1996 (1997)). In their different ways, these trends challenged the implicit assumption underlying policy and practise that issues related to children could be ignored by the State and effectively left to families, in fact to mothers (Kiely, 1995). This was underlined by a growing wave of evidence concerning the reality of child sexual abuse, and by an increasing recognition that the absence of State support meant that it was virtually impossible for lone parents to undertake paid employment (Millar, 1992). Interestingly however, the public debate has effectively ignored the issue of the role of men in families; the role of the State in supporting women as mothers or the difficulties of reconciling paid work and family. Rather such debate as has existed has concentrated on the issue of lone parenthood and in particular the internationally very low rates of paid employment amongst lone parents. (An attempt was made to tackle this through the introduction of a new Lone Parents' payment in 1997, which allowed lone parents to earn up to a certain limit before losing their Lone Parents' Allowance.) Indeed popular concern has concentrated on adolescent lone parenthood, despite the fact that less than one fifth of all births outside marriage were to women under 20 years (Vital Statistics 1996 (1997)). Thus the whole question of adult women's experience of motherhood and the kinds of supports which could usefully be provided to them to enhance their own and their children's well being were effectively ignored. In this context, it is perhaps not coincidental that the long awaited 1991 Child Care Act was not fully enacted until 1996 (see Sheridan et al 1997).

Within Limerick City a number of factors came together in the early 1990s which led to the Mid-Western Health Board deciding to set up a Community Mothers Programme there. Firstly, it was influenced by the increased responsibility placed on Health Boards to provide services for families and children under the long awaited Child Care Act 1991. Prior to this the role of Health Boards was primarily to provide health services, with a lesser emphasis on welfare services. With the passage of this Act a statutory duty was placed on Health Boards to promote the welfare of children in their area who were not receiving adequate care and protection. The Act also strengthened the powers of Health Boards to provide child care and family support services.

Secondly, the setting up of the Community Mothers' Programme was in line with the philosophy of the Mid-Western Health Board and its commitment to the development of child care and family support services aimed at supporting families and preventing difficulties arising within them. Indeed as early as 1991 the Mid-Western Health Board had initiated a policy for the development of its services for families (Mid-Western Health Board, 1991). It had also been to the fore in the initiation of partnerships with voluntary agencies inside and outside the Health Services (Walsh, 1993; Duffy, 1993 etc.) A number of principles governed the involvement of the Board in service delivery, including:

- the principle of subsidiarity;
- the development of a partnership approach with an emphasis on integrated development;
- participation by and accountability to service consumers;
- equity in the provision of services;
- targeting of resources to meet the needs of the most disadvantaged;
- service provision in a holistic manner (Sheridan, 1997)

The Community Mothers' Programme was seen as being very much in line with these principles.

Thirdly, in Limerick City and indeed nationally, there was increasing concern about the sudden growth in lone parenthood. Furthermore what evidence was available suggested that the proportion of births to lone mothers, and especially to mothers under 20 years old was higher in Limerick City than at national level (Sheridan, 1997: see Box overleaf). Related to this was a concern about the over-representation of the children of lone parents (whether single unmarried or

- There had been a dramatic increase in the number and percentage of births outside marriage in Limerick City from 19.6% of the total in 1986 to 29% of all births in 1990 double the national average at that time (Walsh, 1993).
- Limerick City had the highest percentage (10.5%) of births to mothers under 20 years old at a time when the national average was 5%.(Magee 1994). The vast majority of these births in Limerick were to women in corporation estates.
- Even in the early 1990s in some areas of Limerick City the first time births to lone parents represented over 70% of all births in that area. Over one third of second time births were to lone parents in some areas at that time (Internal Survey, Public Health Nurses, M.W.H.B. 1992).
- Limerick City had the highest percentage of separated women in Ireland in their thirties outside the Dublin area (Census of Population 1991).
- High levels of unemployment, inequality of access to education, the social segregation of housing in the city and the disruption of the infrastructure of the corporation estates in the mid 1980s, when the more upwardly mobile families were grant aided to vacate corporation houses has all added to the social deprivation in these areas (PAUL Partnership 1994, pp. 26-35).
- A high percentage of children entering care in the Mid West region were from these corporation estates. Only 30% of children in care both locally and nationally come from homes where both parents are married and still living together.
- Admission to care is particularly likely to occur in the case of young children (4 years old or less). In 1991, over 62% of children in care in the Limerick Community Care area were that age when they entered care. This was one of the highest percentages in the country. (Dept of Health, 1993, Sheridan, 1997).

married but living apart) in the care of the State. In such lone parent situations, even minor difficulties proceeded rapidly to crisis level, particularly, since such parents typically lacked the resources to purchase child care, and State intervention only occurred in extreme cases of at-riskness. Nevertheless the importance of supporting mothers in caring for their children, as opposed to simply putting the children in care was increasingly seen as a socially desirable response.

Fourthly, the Mid-Western Health Board had experience of locally based partnership activities. Thus, prior to the onset of the programme, the Mid-Western Health Board, in conjunction with other statutory, voluntary and community groups set up the PAUL Partnership as a vehicle for combating marginalisation in Limerick City. The PAUL Partnership was the only major urban programme in the Republic of Ireland funded under the EC Poverty 3 Programme (1989-1994). Members of the Steering Group in the Community Mother's Programme have been involved in many initiatives with the Partnership. These include:

- the setting up lone parent support groups;
- developing a Horizon Programme;
- setting up community based créches;
- a welfare rights project;
- adult education initiatives;
- a support group for parents whose children are in care;
- a money advice service;
- estate management programmes and
- a New Opportunities For Women programme (NOW) aimed at facilitating local employment in local crèches (Dillon and Redmond 1994; O' Connor, 1996).

The Community Mothers Programme fitted easily into this wider context.

Thus in the Mid-Western Health Board, the Community Mothers' Programme was seen as one element in a wider framework of Family Support Services, which have increasingly included the provision of créches and other support services for pre-school children, especially in disadvantaged areas of Limerick City (Mid-Western Health Board, 1996). Indeed, as will be discussed later, the creation of increased awareness of the need for and the existence of such services amongst both ***recipients*** and ***providers*** of the Community Mothers' Programme has been an important element in the Programme.

2.2 Structure of the Programme

In 1992 a Steering Group was established to develop the Community Mothers Programme in the Limerick City area. This team received training under the direction of the E.C.D.U. in Bristol, and in July 1993 began developing the programme in Limerick City. The Steering Group consisted of an interdisciplinary team from different elements in the Health Board and the Community and Voluntary sectors. It included:

- Chris Sheridan, a Community Worker on the Social Work team of the Health Board, who acted as manager of the Programme.
- Pam Lamb, a Public Health Nurse from the Health Board liaised with the Public Health Nursing service, and was responsible for the provision of the names of potential recipients. She also co-ordinated the vetting of potential Community Mothers and supported them as regards health issues which arose in the programme.
- Geraldine Hanna, who worked part-time with the Health Education team of the Health Board as a Parenting Co-ordinator and as an adult education tutor in the local prison and in the wider local community. She co-ordinated the induction of the new Community Mothers and the ongoing training for existing ones.
- Gerry Nolan, a local community activist acted as a Co-ordinator of the day-to-day work of the programme since its inception. This has involved recruiting, supporting and supervising the work of the Community Mothers.
- Liz Dunworth, one of the first group of Community Mothers, acted as a second Co-ordinator since 1995.

The Steering Group was committed to grounding the programme in local communities with the support and back up of professional staff from different sections of the Health Board. An emphasis was placed on liaison with other initiatives in these communities and on locating the programme along the continuum of care. Much time was spent in clarifying and developing the roles of the team members in line with those principles governing the involvement of the Board in service delivery and the Mission Statement agreed with the teams in the Midland and North Eastern Health Boards:

'The National Parent Support Programme is a structured programme aimed at enabling parents to enjoy and participate more fully in their child's development and supporting them in their role by encouragement, sharing experiences and information with other parents'.

The two Co-ordinators in Limerick who had primary responsibility for the recruitment, ongoing support and supervision of the Community Mothers were based in Limerick Social Service Centre. This Centre provides a focal point for the delivery of a wide range of Family Support Services in partnership with the Mid-Western Health Board. All Community Mothers met with one of the Co-ordinators on a monthly basis for support and supervision in both individual and group feedback sessions. These sessions also reviewed developments in the programme and difficulties with other services and this information was passed on to the relevant persons in these services. As a group, the Community Mothers met at least six times per year for peer support and, when required, for a training type input. The agenda for these monthly meetings was set mainly by the Community Mothers themselves. The two Co-ordinators also visited families in their capacity as Community Mothers, and met with the Manager once a month for their own support and supervision.

2.3 Selection and induction

Potential Community Mothers were identified primarily through contacts known to members of the Steering Group. They approached people active in local communities and outlined the type of person who was sought as a Community Mother. If someone was suggested they were approached and told about the programme. They were visited twice by Steering Group member(s). At least one of these meetings involved two members of this group. The feedback was then brought back to the Steering Group where a decision was made. If the person was still interested they were invited to proceed.

The induction programme initially lasted for six sessions and was focused on enabling the Community Mothers to identify their own valuable experience as parents. It sought to sensitise Community Mothers to recognise the skills and talents of the parents they were visiting. A major focus was placed on developing listening skills and on seeking to encourage positive self-esteem among the parents. During the induction, information was also given on a wide range of services in their community and on how to access these services. Particular attention was paid to providing information on services to parents and children and on the adult education services.

The Steering Group tended to shy away from the term 'training'. Rather they sought to enable Community Mothers to recognise and build on their own skills. This is a key element in the philosophy and practise of a peer led programme such as the Community Mothers' Programme. It was hoped that this approach would be replicated in the visits carried out by the Community Mothers themselves. Prospective Community Mothers were asked to reflect on their own experience of being first time parents. Much time was spent on enabling parents to internalise the philosophy of the programme. It has been interesting to note that in identifying what they themselves would have liked as first time parents, the potential Community Mothers have always come up with those issues which were central to the philosophy of the programme. Sheridan et al (1997) noted that these included:

- having someone to listen to you
- being the centre of attention for a change
- being trusted to become a good parent
- having your views respected
- having access to any information you might need.

2.4 Delivery of the Programme

Typically the Community Mothers offered the families allocated to them one visit per month for approximately a year. In cases of particular need, the number of visits was increased to twice monthly or even weekly. In a growing number of cases the visits were extended beyond the first year and/or were provided at different frequencies to take account of variation in the needs of those receiving the service. This increase was always with the approval of both the Co-ordinator and the Manager. Initially the programme sought to target first time parents. However early on it was decided to offer the programme to all parents with new babies, within the target areas, and this practice has continued.

The Public Health Nursing Service referred the births of all children, born to parents in Limerick City, to the Programme. Initially the Programme concentrated on the northside of the city, but in 1995 it expanded to the southside. To date it has concentrated on corporation estates since these were seen as the areas which had the highest levels of poverty; the least resources to purchase child care on the open market; as well as the highest rates of lone parents and the highest rates of children entering care. The Programme is provided free of charge to **recipients** (with the **providers** being given a nominal fee of £3 per visit). The Co-ordinators of the Programme are paid a wage, with the Health Board also subsidising the Programme by allowing those members of the Steering Group, who are Health Board employees, the time to be involved in the Steering Group.

An emphasis was placed on the development of one-to-one relationships between the Community Mothers and those providing services locally e.g. the local Public Health Nurses. This linking in with other services has worked well. Clear guidelines were put in place to deal with situations where Community Mothers were confronted by child protection concerns. During the induction period they were told that where they suspected abuse they must report it to the co-ordinators or some other member of the Steering Group. In such situations the Manager, who is on the Social Work team, liaised with them throughout the process.

Links were created and maintained with other local agencies. Thus staff from PAUL Partnership were involved in the induction of Community Mothers, and provided information around money advice and welfare rights, with particular reference to the needs of mothers with a small baby. The Community Mothers' Programme also had close links with the 5 Local Action Centres set up by the PAUL Partnership, which act as a focal point for local development. Parents were referred to the welfare rights and money advice programmes operating from these centres. People with housing or environment related difficulties were referred to the local estate management committee who worked on their behalf. The programme also liased closely with the Social Work Services in the Regional Maternity Hospital and, particularly in the last year, this service has been active in encouraging young lone parents to take the Programme.

Perhaps most importantly in terms of underlining the status of the Programme as community led, the (paid) Co-ordinators of the Programme were local women who had been active in their own communities. As Barker (1997) and Prinsen

(1997) noted, taking the ethos of community based and community led Programmes seriously in this way inevitably brings risks. For example activists may well be unaccustomed to adopting a managerial role and/or to dealing with the administrative demands which are part and parcel of their job. However as they also argue, such difficulties can be seen as a small price to pay for ensuring that the Programme is genuinely controlled by the community it serves. It will be shown that administrative inadequacies were identified. They affected the delivery of the Programme and, in minor ways, the evaluation study. For example they underestimated the number of families, who had received at least three visits; inadvertently including those who had less than three visits on this list and inadvertently excluding a number of Community Mothers from a list which purported to include all those who had been involved as Community Mothers). Such difficulties need to be set against the importance of genuinely rooting programmes in a local community and creating alternative power bases within communities, which are frequently alienated from professional services. It is also worth noting that such difficulties also possibly reflect a tendency for such people to continue to adopt a mainly 'hands-on' approach, thereby limiting the time available to them for administrative and/or managerial tasks.

2.5 Scale of the Programme

From 1994 onwards, the evaluator established an ongoing relationship with the Steering Group with a view to helping them to remain focused on their objectives and to facilitate the identification of the difficulties in the ongoing delivery of the Programme. This involved meetings with the team as a whole and/or with the Manager of the Programme. As part of this exercise an interim documentary analysis was undertaken of the parental visitor sheets from 1993 up to the end of December 1995. At that time, 210 families had been contacted by 21 Community Mothers. Turnover in Community Mothers was seen as a problem by the Steering Group. This was confirmed by the documentary analysis which showed that more than half (57%: 12/21) of the Community Mothers had left the Programme between 1993 and the end of 1995.

Furthermore the documentary analysis suggested that the Community Mothers who left the Programme were more likely than those who did not do so to have difficulties getting past the second visit in any family. Thus 42% of those who left the Programme made at best one or two visits to those families to whom they were allocated, whereas this was true of none of those Community Mothers who were still involved with the Programme by December 1995 (see Table 1). These trends clearly suggested that although idiosyncratic factors might account for any one Community Mother leaving, the turnover in Community Mothers, which had been identified as a problem by the Steering Group, reflected the fact that some experienced considerable difficulties in getting the Programme accepted. Faced with this, it ceased to be a rewarding experience and so they ceased to be Community Mothers.

Table 1: Highest number of visits made to any recipient up to December 95

Highest Number of visits	**Community Mothers who left**	**Community Mothers who did not leave**	**Total up to Dec 95**
	% (N)	% (N)	
1-2	42% (5)	-	24%(5)
3-4	17% (2)	-	10%(2)
5-6	8% (1)	44% (4)	24% (5)
7-8	8% (1)	22% (2)	14% (3)
9-10	17% (2)	11% (1)	14% (3)
11-12	8% (1)	11% (1)	10% (2)
13 or more	-	11% (1)	5% (1)
Total	**100% (12)**	**99% (9)**	**101% (21)**

Similar trends emerged when attention was focused on the average number of visits made. Thus, taking into account all the families visited, those Community Mothers who left the programme made a lower average number of visits per recipient than those who remained. For example 42% of those who left by December 1995, had made on average two or fewer visits to the families they had been allocated, whereas this was true of only 11% of those who did not leave (see Table 2). There was some suggestion in the data that those who had less than ten induction sessions were most likely to leave. There was also some evidence that there was a curvilinear relationship between age and the Community Mothers likelihood of quitting, with 20-30 year olds being most likely to do so, and 31-40 year olds being least likely to do so. An attempt was made to modify the Programme in the light of these trends.

Table 2: Average number of visits made by Community Mothers up to December 95

Average number of visits per family per CMs	Community Mothers who left	Community Mothers who did not leave	Total up to Dec 95
	% (N)	% (N)	% (N)
1 or less	25% (3)	-	14%(3)
> 1<= 2	17% (2)	11%(1)	14%(3)
>2<= 3	25% (3)	33%(3)	29%(6)
>3<= 4	8%(1)	33% (3)	19%(4)
>4<=5	17% (2)	22% (2)	19%(4)
> 5	8% (1)	-	5%(1)
Total	**100% (12)**	**99% (9)**	**100% (21)**

The documentary data bank was subsequently updated to cover the period up to January 1997. By that time, 36 Community Mothers had been inducted into the Programme, although three of these had left the Programme before actually beginning to visit. These were young women who were recruited specifically to target young mothers in inner-city flats. Despite attempting to meet these mothers individually, and arranging a coffee morning for them as a group, they failed to make contact with any of them and all three left the Programme. However, this did increase awareness of the difficulties of accessing this group, and was one of the factors which ultimately led to the establishment of an inner city crèche for such mothers. It is perhaps worth noting here that these three women and a further five who left the Programme mostly without having attempted more than one visit -were not included on the list supplied by the Co-ordinators. This list of 28 names, which purported to include all those who had been involved in the Community Mothers Programme, was used as the basis for the identification of the ***providers*** in the in-depth study. Hence some of the Community Mothers who had minimal contact with the Programme were inadvertently excluded. It is not thought that this omission substantially affected the results. However their omission does explain the difference in the numbers of providers in the documentary and the in-depth study.

The sheer extent of the work which has been undertaken by those involved with the Programme from its inception up to January 1997, is indicated by the fact that a total of 633 induction and 362 feedback experiences (on an individual or group basis) were provided to the 36 Community Mothers, who were involved in the programme at various stages. By January 1997, 33 Community Mothers had made a total of 1390 visits to 368 families since the inception of the Programme (i.e. each Community Mother, on average, offering the Programme to 11 new mothers to whom they provided, on average, over 42 visits).

Obviously not every mother who is offered the Programme will need it or indeed want it. By January 1997, focusing on those families where visiting had ended, 40% of those who had been offered the programme had turned it down on the first visit. There was, however, some suggestion that Community Mothers who were still with the Programme in January 1997, were likely to be more successful in delivering the Programme. A marginally lower proportion of the families they visited turned it down at the first visit (37% versus 45% see Table 3).

Families will also vary in terms of the number of visits that they want or need. Thus as is clear from Table 3, where visiting had ended, overall only just over a quarter of the families to whom the Programme was offered received at least five visits. Again however this varied depending on whether the Community Mother was still with the Programme or not (32% as compared with 15%: see Table 3).

Table 3: Timing of ending of visits made by Community Mothers up to January 97 (where visiting had ended)

Timing of Ending	**Community Mothers who left**	**Community Mothers who did not leave**	**Total up to Jan 97**
	% (N)	% (N)	%(N)
At first visit	45% (46)	37% (88)	40% (134)
At second visit	23% (23)	15% (35)	17%(58)
At third visit	12% (12)	8% (20)	10% (32)
At fourth visit	5% (5)	7% (17)	7% (22)
At fifth or later visit	15% (15)	32% (77)	27% (92)
Total	100% (101)	99% (237)	101% (338)

One would expect a high level of turnover amongst Community Mothers- as they may move house; become sick; enter paid employment; have a young baby themselves etc. It is worth noting that the proportion of the Community Mothers who left up to December 1995 was identical to the proportion who left over the whole period up to January 1997 (57% (12/21) and 57% (19/33) respectively). However there was some evidence to suggest that, just as in the period up to December 1995, some Community Mothers left because they were unable to get any family to continue beyond the second visit. Thus roughly half of those (47%: 9/19) Community Mothers who left at some stage up to January 97 had at best attempted 2 visits to any family as compared with 21% (3/14) of those who were still involved with the Programme in January 1997 (see Table 4). Thus the documentary evidence again suggested that those who had difficulties getting families beyond the second visit were disproportionately likely to leave the Programme.

Table 4: Highest number of visits made by Community Mothers up to January 1997

Highest Number of visits	**Community Mothers who left**	**Community Mothers who did not leave**	**Total up to Jan 97**
	% (N)	% (N)	% (N)
1-2	47% (9)	21%(3)	36% (12)
3-4	16% (3)	-	9% (3)
5-6	5% (1)	7%(1)	6% (2)
7-8	10% (2)	7%(1)	9% (3)
9-10	16% (3)	7%(1)	12% (4)
11-12	5% (1)	14%(2)	9% (3)
13 or more	-	43%(6)	18% (6)
Total	**99% (19)**	**99%(14)**	**99% (33)**

It is worth noting that because of the ongoing nature of the Community Mothers Programme there are difficulties making comparisons at any one moment in time or indeed across time periods. Thus, for example Community Mothers may have made at most one or two visits because they themselves were new recruits to the Programme. However it is interesting to note that the total proportion of all Community Mothers who had made 13 or more visits, was considerably larger in January 1997 than it had been in December 1995 (18% versus 5%: see Table

4 and Table 1 respectively). Furthermore the contrast was even greater when one excluded those who left the Programme. Thus 43% of those Community Mothers who were in the Programme in January 97 had at best made 13 visits to at least one family as compared with 11% of those who were still Community Mothers in December 1995. Thus it appears that a much larger cadre of Community Mothers who were able to offer the complete Programme to those families who wanted to receive it were involved with the Programme in January 1997.

Another way of looking at this is in terms of the average number of visits made by Community Mothers to the families they visited. As in the period up to December 1995 there is a striking difference in the average number of visits made by Community Mothers who left and those who did not leave (see Table 5). This average had also risen over time. Thus 21% of the ongoing Community Mothers in January 1997 made an average of at least five visits, whereas this was true of none of those in a similar situation in December 1995 (see Table 5 and 2 respectively).

Table 5: Average number of visits made by Community Mothers up to January 97

Average number of visits per family per CMs	Community Mothers who left	Community Mothers who did not leave	Total Jan 97
	%(N)	%(N)	%(N)
1 or less	37% (7)	-	21% (7)
> 1<= 2	16% (3)	29%(4)	21% (7)
>2<= 3	21% (4)	14%(2)	18% (6)
>3<= 4	5% (1)	14%(2)	9% (3)
>4<=5	11% (2)	21%(3)	15% (5)
> 5	11% (2)	21%(3)	15% (5)
Total	**101% (19)**	**99%(14)**	**99% (33)**

Furthermore by January 97, a linear relationship emerged between age and the likelihood of the Community Mother staying with the Programme. Thus 56% (5/9) of the Community Mothers who aged 41 years or older were still with the Programme, as compared with 39% (5/13) of those aged 31-40 years, and 9%

(1/11) of those aged 20-30 years. It is impossible to know to what extent this reflects the attractiveness of the Programme to older women; their greater ability to deal with refusals or the sheer extent of the difficulties they face in entering the labour market or getting access to training schemes. It has however clear implications as regards the recruitment of potential Community Mothers.

The documentary material was not sufficiently complete to indicate the extent to which cartoons etc. were used by Community Mothers. Thus, for example, in the case of the cartoons, information that had been used was available only in the case of just over two fifths of the Community Mothers (42%:15/36). These had used them in a total of 196 visits. However, it was clear that usage varied, with, on average, these Community Mothers using them in just over one third of all of their visits (36%: n=15); and in half of their visits when the first visit was excluded (50%: n=15). Similarly it was not possible to assess the extent to which Community Mothers had used the forms which recorded the mother's diet and the child's stage of development (i.e. the 'green forms'). What information was available suggested that they had been used by only a quarter (9/36) of the Community Mothers in roughly one third (35%: n=9) of all of their visits, or just under half of their visits excluding the first (48%: n=9).

The documentary analysis was a useful element in the evaluation of the Community Mothers Programme. Thus it showed that although any individual Community Mother's decision to continue to participate in the Programme was affected by individual factors (including age), there was a tendency for Community Mothers who had difficulty in getting families to participate in the Programme to drop out themselves. However, it provided little insight into the experiences of the families, particularly those who had a relatively sustained exposure to the Programme. In consultation with the Steering Group these were defined as families who had at least three visits from a Community Mother. It was decided to focus on these ***recipients*** as well as on the ***providers*** in the in-depth analysis.

3. Main Evaluation Phase - Methodology

Although evaluation based on the documentary material was seen as making an important contribution to the work of the project, it was decided to undertake a more extensive evaluation of the project at one point in time. As has been widely recognised, the evaluation of such projects poses considerable challenges (see Koelen and Hanrahan, 1997 and Prinsen, 1997). In the Community Mothers' Programme in Limerick, in consultation with the Steering Group, a number of methodologies were considered. These included

- an experimental design (as for example used by Johnson et al, 1993);
- a formative evaluation - (i.e. describing what is going on and how it is being done) and
- a summative evaluation (i.e. concerned with the impact of the project- see O'Connor 1996a).

It was recognised that the experimental design was by far the most rigorous of these. However, as noted by McNelis and Kelleher (1994) there are considerable difficulties in undertaking it. Thus, for example, they highlighted the difficulty of devising appropriate tests for the wide age range of children involved. The need to locate these in the context of appropriate baseline information for children in the areas involved where data was incomplete, not standardised and difficult to access posed further difficulties. In the light of such difficulties McNelis and Kelleher (1994) decided to measure the mother's perception of the children's achievement of milestones. There were however also considerable difficulties with this approach leading them to conclude that their results *'simply reflect parental optimism and possible pride in their children'*. They noted that these problems were not peculiar to their study.

> *'As with the other projects surveyed, parents' recollection of children achieving milestones...are generally earlier than those suggested for normal children by textbooks' (McNelis and Kelleher, 1994:58 and 81 respectively).*

Johnson et al's (1993) experimental work concluded that mothers in the intervention group

- had a better diet than the controls;
- had better self esteem as reflected in the fact that they were less likely to be tired, feel miserable or want to stay indoors;
- had more positive feelings and were less likely to display negative feelings.

Although the socio-demographic characteristics of the two groups were matched, there were significant differences in the two groups as regards the mother's and father's employment status, and this or indeed their experiences of life events or long term difficulties, could account for some of these differences. Indeed it would be extremely difficult to devise a study which would eliminate the possibility of such factors affecting the outcome.

In the light of such difficulties, as in McNelis and Kelleher's work, it was decided to undertake a qualitative evaluation of the Community Mothers' Programme. The key element underlying the Programme is a focus on those women who are the recipients of the Programme. Hence they were automatically included in the evaluation (and subsequently called the ***recipients*** sample). Contact with the Community Mothers delivering the service (and Mc Nelis and Kelleher's own 1994 work) suggested that it would also be useful to include a focus on the providers and these were also included (subsequently called the ***providers*** sample). In discussions with the Steering Group consideration was given to replicating McNelis and Kelleher's (1994) measures. However, a decision was made not to do so, although the evaluation included a number of the same elements, albeit in greater detail. Thus the evaluation focused on:

- the context of the Programme
- the perception and evaluation of it by those receiving and providing it
- their assessment of the delivery of the service
- its perceived impact on those receiving and providing it

The indicators used to measure these dimensions are discussed below. Two interview schedules were developed for use in the data collection process. Drafts of these were discussed with the Steering Group and the Community Mothers themselves and they were subsequently revised taking into account their comments.

In consultation with the Steering Group it was decided to interview a random sample of those who had more than minimal contact with the Programme. This was defined as those who had received three or more visits. As of January '97, according to a list provided by the Co-ordinators, there were 98 families in this situation. A decision was made to sample roughly one in three of these families. Of the 37 families selected from this list, using a table of random numbers, 7 were unavailable because they had moved from that address. Of those who had not moved, 26 mothers were interviewed. This constitutes a response rate of

87%, with 2 respondents refusing to be interviewed (6%) and 2 (6%) being contacted but not obtained. In consultation with the Steering Group it was also decided to include all Community Mothers, both those currently participating in the Programme, and those who had dropped out. A list of 28 women who had been involved in the Programme as Community Mothers from its inception up to January 1997 was supplied by the Co-ordinators and 96% (27/28) of these were interviewed. Of these, just over half (55%:15/27) said that they were no longer Community Mothers at the time of interview.

The format of the interview schedules was discussed with those who were still Community Mothers and subsequently amended. The final schedules included items relating to:

A) Background characteristics of recipients and ***providers***, including age; marital status; length in area. In addition, those who received the programme were asked

- what made them decide to accept it?
- what age the baby was when the Community Mother first visited?
- how many children they had altogether and how many they had under five years

The ***providers*** were asked:

- how they got to hear about the programme in the first place;
- why they decided to get involved,
- how long they had been a Community Mother;
- whether they thought it would lead somewhere;
- whether they were well known in the areas or not and
- whether they thought this was a help to them or not

B) Context of the service in the eyes of those receiving it and delivering it, including:

- their own experience of motherhood and
- kin and friendship support

C) Overall evaluation and perception of the Programme amongst those receiving and delivering it, including

- what they thought of the programme;
- what they liked most and least about it;
- what they thought it was really about; what would improve it, and
- whether or not they would recommend it to a friend

In addition the study explored the extent to which they referred to it as something that would have helped when they came from hospital with the new baby. The recipients were also asked what would help now. Both recipients and providers were asked about the kinds of support and information which would be helpful for young mothers like themselves

D) Delivery of the service-as perceived by those receiving and delivering it. In the case of both the focus was on the perceptions of those who received it both in general terms and specifically in terms of
- its frequency,
- location,
- duration and ending,
- use of cartoons and forms
- their evaluation of their own relationship with a particular Community Mother

In addition, in the case of the ***providers*** specific attention was focused on their perception of the adequacy of the training including the feedback sessions since an assessment of these was seen as important in contributing to the improved delivery and transferability of the service. Ongoing contact with the Steering Group had suggested that there were particular difficulties surrounding knocking on doors; getting people to take part in the programme; getting people to continue with it etc., these topics were specifically explored in the case of the ***providers***.

E) Impact of the service on those receiving and delivering it. In the case of those receiving it and those providing it the main focus was on its overall positive and negative effects, in particular, its impact:
- on their confidence
- on their links with the community and
- on the way they handled their children

In addition the Community Mothers were asked to assess what they thought those who received the service got out of it. Questions about their current social embeddedness (i.e. their involvement in community organisations) were asked of both recipients and providers. Obviously, these might reflect the impact of the Community Mothers' Programme. It is impossible however to know to what extent this is so, within the context of a cross sectional study. The trends, which emerged within the recipients and providers samples, are outlined in Sections 4-8.

4. Characteristics of those involved in the Community Mothers Programme

In this section data on both the ***recipients*** and ***providers*** age, marital status, children, paid employment and length of residence in the area is presented; together with information on the extent of their contact with the programme and their reasons for getting involved in it.

4.1 Age, marital status and children

Roughly three-fifths (62%) of those receiving it were aged between 20-30 years old-the bulk of the remainder being aged 31-35 years old. The providers were older still, with roughly one fifth of them being aged 20- 30 years old. More than half of them were aged 36-45 years old.

Table 6: Age distribution of interviewees

AGE	Recipients	Providers	Total
	% (N)	% (N)	% (N)
< 20 years	8% (2)		4% (2)
20 ≤25 years	31% (8)		15% (8)
26 ≤30 years	31% (8)	22% (6)	26% (14)
31 ≤35 years	19% (5)	7% (2)	13% (7)
36 ≤40 years	8% (2)	33% (9)	21% (11)
41≤ 45 years	4% (1)	19% (5)	11% (6)
46 ≤50 years		7% (2)	4% (2)
51 ≤55 years		7% (2)	4% (2)
56 years +		4% (1)	2% (1)
Total	101% (26)	99% (27)	100% (53)

Amongst those ***receiving*** the Programme, at the time of interview, a minority, albeit a sizeable one (39%) described themselves as single. Just over half (58%) of those ***receiving*** the programme described themselves as having a partner as compared with 67% of those ***providing*** it. As one might expect in view of the fact that providers were older on average than those who were ***receiving*** the Programme, they were more likely to be separated. Only 15% of those providing it described themselves as single and not living with a partner- the remainder (18%) being separated. At the birth of their last child, 81% of those ***receiving*** the Programme described themselves as having a partner. A slightly larger proportion (96%) of those ***providing*** the Programme described themselves as having a partner at that time.

Only just over a quarter (27%) of those ***receiving*** the service had only one child, with almost two-fifths (39%) having three or four children. Thus quite clearly those receiving it were not for the most part young inexperienced mothers. They were however women who were at a very demanding stage of their childrearing, with all of them having at least one child under five years old, and almost two fifths having at least two children under five years old.

4.2 Contact with the Programme

There was evidence that the Programme came on stream relatively rapidly after the birth of a child. According to the ***recipients***, at the time when the Community Mother first visited, the baby was less than six months old in the majority (88%) of cases. In the case of more than half (52%) of the ***recipients*** the baby was 1-2 months old when she visited. The overwhelming majority (81%) of the ***recipients*** had been first contacted by a Community Mother within two years prior to interview.

All of the recipients had been selected from a list of those who had received at least three visits. However, although the Community Mother had made contact in all cases, one third of those selected said that they either had not received the Programme or could not remember receiving it. In four of these cases, they understood that they had accepted the programme, but did not receive it.

> *'I accepted it but she only came once;' 'I would have liked the programme- why didn't I get it;' 'Why didn't the Community Mother come back to visit me- I only got two visits.' 'I wanted it but she did not call back. I moved*

> *house so she may have lost my address.'*

It is worrying that these respondents had not received the Programme, although they were clearly interested in doing so.

There were three respondents who could not remember being offered the Programme:

> *'my husband said that I must have forgotten ...we had just moved house and we were very busy...someone may have called but I can't say really. I'd have liked the programme as I am an only child and my relatives are far away. I could have done with a friendly face and someone to chat to. If I have another baby, I will accept the programme. Maybe I did accept it, but nobody called after I came home with the baby'.*

Another said:

> *'I can't remember. I didn't turn it down. I would not have turned it down. I really could have done with it. I would have accepted it I'm sure. I like the sound of it.'*

The third one of this sub group said that she thought she was offered it and

> *'didn't really turn it down. I just laughed. She never called afterwards'.*

and she went on to note that

> *'I needed help especially with four small kids'.*

It is clear that in this case at least there was a misunderstanding about her interest in the programme. In the two remaining cases the Programme had been turned down. In one case, the woman's mother turned it down.

> *'My mother was offered it for me. She turned it down. My mother said I didn't need it and the Community Mother did not call back anymore..... I'd have liked the programme, and if I'd only answered the door that day I'd have taken it- only my mother went and refused it.'*

In the last of these cases the Programme was turned down because

> *'I knew the Community Mother. If it was a stranger I would have accepted it.'*

In the case of each of these there are clear issues as regards improving the delivery of the service. It is difficult to understand why such a large group of respondents who had not received the programme were included on the list which was compiled by the Co-ordinators and which was meant to include only those who had at least three visits.

The majority of those who were ***providers*** were involved for a relatively short period of time, i.e. 67% being involved for less than one year. In view of the recentness of the programme it is not surprising that only 15% were involved for at least three years. However, as the documentary evidence showed there are issues around the ability of the programme to retain Community Mothers. Roughly half of those in the ***providers*** sample were no longer Community Mothers, and roughly half of these (47%:7/15) had left in the previous year.

4.3 Local embededness

The majority (70%) of the ***providers*** had been living in the area for at least 10 years: roughly half of these living there for at least 21 years. The ***recipients*** had been living in the area for a shorter period of time, with the majority (62%) of them having lived there between one and ten years. Thus quite clearly the majority of those in the ***providers*** sample were very well established in their communities; while the ***recipients*** were more recent arrivals.

Table 7. Length of residence in area.

Length	Recipients	Providers	Total
	%(N)	%(N)	%(N)
Less than one year	4%(1)	4%(1)	4%(2)
I ≤5 Years	31%(8)	7%(2)	19%(10)
6≤10 years	31%(8)	19%(5)	25%(13)
11≤20 years	19%(5)	37%(10)	28%(15)
21 years plus	15%(4)	33%(9)	25%(13)
Total	**100%(26)**	**100%(27)**	**101%(53)**

Over four fifths of the ***providers*** described themselves as very well known in the area:

> *'I'm an activist in the area;' 'I'm involved in the community;' 'I'm in the*

> *credit union so everyone knows me;' 'I'm involved in the community very much. People know me;' 'everyone knows me because I am so involved in the community;' 'I am involved in everything.'*

Roughly one in five of the providers described themselves as

> *'not very well known-I keep myself to myself;' 'only to my immediate neighbours;' 'so - I never got involved in anything before the Community Mother programme.'*

The **providers** were asked whether they thought that being well known was a help to them as a Community Mother or the opposite. More than half (63%) said that they thought that it was a help:

> *'It helped a lot- it made people more relaxed;' 'people are more wary of you if they don't know you;' 'It helped- people didn't frighten me as I felt comfortable working in this area'; 'It does help. People know that you don't spread gossip. They trust me;' 'It helped, because people let me in quicker when they knew me.'*

A minority (15%) was more ambivalent

> *'It was a good and a bad thing. Some people prefer to have a stranger. Some people prefer to have someone they know;'*

Some felt even more strongly that *'I'd have preferred to have been a Community Mother in another area.'* Roughly one in four (22 %) felt that it didn't matter :

> *'It didn't matter as I visited people I didn't know anyway;' 'It didn't matter as the families got to know me anyway.'*

4.4 Paid Employment

Slightly more than three-fifths (62%) of those **receiving** the Programme were in paid employment, as compared with 41% of those **providing** it. A quarter of the **recipients**, but only 11% of the **providers** were in paid employment for at least 39 hours a week (the range in both cases being considerable: 11 over 40 hours, and 15 just under 40 hours respectively). The kinds of occupations the **recipients** were involved in were low paid for the most part and included cleaning; catering; shop assistants and participation in training schemes. Amongst the **providers**, the most common occupation also was cleaning.

although other occupations included staff canteen worker; housekeeper, receptionist, secretarial work, crèche worker, co-ordinator for the Parenting Programme and working in a crèche on a training scheme.

Those who were ***recipients*** of the programme and who were not in paid employment were asked if they would like to be. Their replies were very varied, ranging from those who felt that they had no time or could not be bothered, to those who would like a part-time job in the future and those who would take any job now. On the other hand all of those in the providers who were not in paid employment said that they would like to be:

> *'Yes. I'd like a job working in a shop or canteen: part-time, 20 hours a week;' 'I'd like a wage coming in. I'd like any kind of job apart from looking after kids all day;' 'Yes. I'd like a few hours a day, both for the money and for the break from the house: a bit of independence;' 'I'd like part-time work- I'd like to do anything really-sewing machinist maybe;' 'I'd like a sales assistant job- something part-time;' 'I'd like to get a job in a Health Centre;' 'I'd like to work more with the elderly;' I'd like to do a FAS course: doing anything really;' 'I'd love to be a Community Mother from nine to one.' 'I'd like to work part-time, maybe in a shop;' 'I'd like to be working more with families.'*

Thus amongst the ***providers*** who were not actually in paid employment, there was obviously a considerable desire to become involved, at least on a part-time basis. Indeed this may well have been associated with their participation in the Programme in the first place. It may also be associated with the turnover in Community Mothers since they were paid, and continue to be paid, a (nominal) fee of £3 per visit. This raises issues as regards the appropriate level of payment to Community Mothers in the future, in a context where employment prospects for women are increasing, and where their expectations as regards payment and/or accreditation are also rising. There are also wider implications as regards the relationship between earnings and social welfare payments- either their own or their husbands. Thus one respondent spontaneously mentioned that *'I'd love to be [in paid employment] but if I earn more than £45 a week my husband loses £80 in Social Welfare benefits.'* This may well not be correct. The point is however that such perceptions effectively encourage women to seek low paid work. An attempt has been made to tackle this in the case of lone parents, by allowing them to earn up to £6,000 pa (1997 prices) without losing their benefits. The tax and social weofare situation of married or cohabiting women remains unhelpful as regards encouraging or facilitating their participation in well paid jobs.

4.5 Reasons for involvement with the Programme

All of those in the ***providers'*** sample were asked how they got to hear about the programme in the first place. Just over half (59%) said that they heard about it from the Co-ordinators. Occasionally this was because they knew them personally, whereas in other cases the link was effectively through other organisations- *'The Co-ordinator was on the Committee here in the Family Resource Centre. She asked me.'* The remainder mentioned a variety of other sources, including PAUL Partnership *('I was on PAUL Partnership scheme, so I heard about it through the crÈche there')* and through members of the Steering Group (12%); relatives (8%); other organisations such as the Health Board, FAS or various Management Committees (12%). Only one respondent said that she had heard about it through another Community Mother.

Amongst those who accepted the Programme, the two most common reasons given as to why they did so were their own needs, and their awareness, either directly or indirectly, of the Programme. Thus half of them referred to their own needs

> *' I was at home with a new baby so I needed it;' 'It was a great help at the beginning to chat to someone;' 'I was a lone parent so I decided to take it. My family are from the country;' 'I was only 17 years old so I said I needed it- you can tell a stranger things you can't tell your own mother.'*

Another group (30%) decided to accept it, either because they knew the Community Mother, had heard about the programme, or were recommended to take it by people they knew and trusted:

> *'I felt that it was good-I'd heard a lot about it;' 'The Health Nurse said that it would be good for me and the baby;' 'I knew the Community Mother so I accepted it.'*

The third group (20%) indicated that they accepted it mainly because they thought it was right for the baby: *'something for the baby;' 'I thought it would help with the baby; 'for the baby and my sake'.*

Various pre-coded responses were then offered to them. In this context references to the baby were more common thus, more than half of the **recipients** (58%) then indicated that they *'were looking for something like this for the new baby's sake.'* Approximately one third said that they were *'feeling a bit lacking in confidence;' and/or 'a bit isolated.'* Roughly one in six (17%) indicated that they took the programme because it was recommended by a friend or relative; and roughly one in ten took it because they were afraid to refuse. About a quarter of these new mothers discussed taking it with someone else, most commonly with a husband/partner, although mother, friend and a Community Mother were also mentioned.

The **providers** were offered a number of fixed choices as to why they decided to get involved. In broad terms all of them indicated that they got involved because they wanted to support the parents, and/or that they saw a need for it based on their own experiences. Almost half of them (48%) said that they wanted something to do, and just under three fifths (59%) said that they got involved because they liked children. Two thirds of them spontaneously mentioned some other reason; by far the most common reason they mentioned was a desire to help (young mothers, mothers with sick babies, mothers who needed encouragement, mothers with multiple births etc.). Thus it is clear that the programme is tapping in to a very real desire on the part of mothers to help other mothers.

They were asked whether or not they thought that getting involved in the Community Mothers Programme would lead somewhere. Two thirds of them had no such expectations. A striking level of altruism and good will was evident in their replies:

> *'I took it to be there for the mothers;' 'I just saw a need and wanted to help;'*
> *'I was being a do-gooder really and I liked the programme.'*

Overwhelmingly these respondents said that they did not mind the fact that it did not lead anywhere, although one respondent did note that *'it should have led on to getting a cert. in child care - it should give you a qualification to help you get a better job.'* One of the respondents saw it as having done just that: *'I feel now that it did lead to somewhere- it led to work.'*

There was however a sizeable minority (one third of the Community Mothers sample) who did think that it might lead somewhere. In some cases their expectations were very specific. They expected it

> *'to lead to child care work;' 'to employment with the Mid- Western Health Board- maybe setting up crèches;' ' to being a Co-ordinator or in the office;'*

In other cases their expectations were more vague:

> *'I thought that it would lead to psychology courses or something;' 'I thought it would stand to me when I looked for a job-maybe even earn a wage from it;' 'You never know- the contacts could be good for getting more work.'*

Roughly half of those who had such expectations felt disappointed:

> *'It was costing me money to do it ....the payment never came on time and it was costing me that to do it; 'I am disappointed about the money factor as I didn't earn much money from it.'*

Those who had stopped being Community Mothers offered various explanations for stopping. Just over half of these (60%:9/15) referred to changes in their own situation: getting paid work; having a baby; a big operation; getting involved in other voluntary work etc. However a minority referred to different (negative) aspects of their experiences as Community Mothers- such as *'I didn't like the idea of not having any identification;' 'I'd like it if it paid better' etc.*

Three fifths of those who were not Community Mothers at the time of interview could imagine a situation where they might be involved again. The numbers are small but there was some tendency for these to be people who had stopped because they got paid employment, had a baby, major surgery etc. They said that when they had more time they could imagine being involved again.

Those who referred to the fact that they stopped because of the way the Programme was organised typically could not envisage being involved again:

> *'no, I didn't like going into people's own homes;' 'No because I don't like going to strangers houses. I felt that I was putting them on the spot;' 'Not at the moment, I don't feel up to it emotionally;' 'it wasn't really for me;' 'I hadn't the heart for it anymore....'*

5. Context in which the Programme is provided

It has been widely recognised that women vary enormously in their experience of motherhood, but that there has been a tendency to obscure this and to assume that all women will simply feel positive and competent. The recognition of variation in women's response to motherhood was seen as part of the overall context within which the Community Mothers' Programme existed. In this section attention is focused on recipients and providers experiences after the birth of a baby. Particular attention was paid to

- what things were like when they came home from hospital with the new baby;
- how they felt at that time;
- who gave them most support and
- the nature and extent of support from partners, relatives and friends.

5.1 The situation when they came home with the new baby

Firstly, the ***recipients*** of the programme were asked what things were like when they came home from hospital with the new baby. Half of them described it in very negative terms. (See Table 8) They said that it was:

> *'terrible'; 'very hard, very stressful'; 'desperate, very depressed. I had no one to turn to as my husband didn't understand';' 'It was hectic, I felt smothered, fit to kill someone'; 'hectic, scared panicked'; 'I was bawling crying as everyone asked about the baby, nobody asked how I was'.*

It was clear that for less than two-fifths of the recipients this was a very positive or a fairly positive experience. For roughly half of these (a fifth of the total sample) it was very positive. The latter felt:

> *'wonderful a different life;' 'we had nothing but I was confident with the baby'; 'lovely- I had the Community Midwife visit me for 10 days and that was great'; 'Fine I had a lot of help'; etc.*

The remainder of this group (i.e. roughly one in five of the total sample) described it positively but less enthusiastically: *'O.K. My husband took a weeks holiday;' 'jaded tired for the first week but otherwise fine'*. Some (12%) had more intense and mixed feelings - describing themselves as *'lonely and excited';* and their situation as *'hard I suppose, but at least I had a partner.'*

Table 8: What things were like on coming home from hospital with the new baby?

Tone of Situation	Recipients	Providers	Total
	% (N)	%(N)	%(N)
Very Pos/O.K._	38% (10)	11% (3)	25% (13)
Positive & Negative	12% (3)	7% (2)	9% (5)
Very Neg/Negative	50%(13)	81% (22)	66% (35)
Total 100%	**100%(26)**	**99%(27)**	**100%(53)**

An important element in the Programme is the possibility of identification offered by the fact that the Community Mothers themselves have experienced motherhood. In the course of the training programme they are encouraged to recall their own experiences of motherhood so as to be better able to empathise with the new mothers. It was clear that for the ***providers***, as indeed for the majority of those ***receiving*** the Programme, when they came home from hospital with the new baby, the situation had been less than positive. Only 11% of the ***providers*** had positive experiences saying that it was:

> *'lovely to come home and relax with the baby [it was her 7th]; 'grand but tired;' 'I lived at home so it was easy as I hadn't a clue;' 'all right. I relied on both our parents for support.'*

A small number (11%) included positive and negative elements:

> *'hard but I was supported well'; 'frightening- especially with the first- joyful too - mixed emotions;' 'grand on the first as I lived at home but the second was strained at first as I had to cope without my mother.'*

On the other hand a variety of graphic negative phrases were used by the majority of the ***providers*** (81%) to describe what things were like when they came home from hospital with the new baby. They said that it was:

> *'hard, difficult, very isolated'; 'tense, unsure, panic;' 'mad, hectic;' 'very desperate;' 'total panic- no outside support besides the District Nurse. You were left on your own;' 'I was never shown how to take care of the baby. I knew nothing;' 'lonely, tired, nervous, unsure of myself, sore;' 'hectic- I had two other kids so it was all go;' 'nightmare, hectic very difficult;' 'I went into depression- baby blues for six months;' 'difficult, my husband had to go to work so I was alone;' 'terrible, depressed. I felt that there was no one there*

for me.'

The nature and intensity of their feelings emerged again when the ***recipients*** and the ***providers*** were specifically asked what they felt at that time. Again, roughly one in five (23%) of the ***recipients*** clearly felt very positive. (See Table 9) They said they felt *'great;' 'over the moon. She (the baby) was my life and my friend;' 'I felt supported. The Nurse seemed very in tune with what was going on for a new mother;' 'delighted with myself'; 'I felt great. I was over it all and I was home.'* Some (27%) of the recipients expressed more mixed feelings and/or referred to their physical state. They described themselves as *'tired but happy;' excited and tired'* ; 'tired but I wanted everyone to go and leave me to manage on my own'. Some had physical problems and described themselves as 'tired, dizzy;' very sick;' 'I wasn't well. I had a lot of stitches and was weak'.

Just under half (46%) of the ***recipients*** had negative feelings. They said they felt:

> *'wrecked'; 'very stressed out, couldn't cope couldn't get anything done;' 'tied down, terrible, suicidal, baby blues;' 'I felt like packing everything in and running away from everything'; 'depressed because he never stopped crying'; 'very depressed. I was crying and blaming myself that the baby was premature;' 'wrecked, tormented;' 'how am I going to cope with four children. I was a nervous wreck.'*

The responses clearly challenge simplistic assumptions that all women feel the same in this situation. The intensity of the negative feelings also vividly highlights the reality of many of the new mother's needs for support at this time.

Table 9: Feelings experienced on coming home from hospital with the new baby

Feelings	**Recipients**	**Providers**	**Total**
	% (N)	% (N)	%(N)
Very Pos/Positive	23% (6)	11% (3)	17% (9)
Mixed Feelings	27% (7)	11% (3)	19% (10)
Very Neg/Negative	46% (12)	70% (19)	58% (31)
Other	4% (1)	7% (2)	6% (3)
Total	**100% (26)**	**99% (27)**	**100% (53)**

An even larger proportion (70%) of the providers (See Table 9) described their feelings when they came home from hospital in negative terms:

> *'I was terrified;' 'very insecure, nervous,- thinking that I couldn't cope;' 'very incapable of everything - with the new baby'; 'pure nervous of the child- cot deaths etc.;' ' tired, terrified, worried'; 'confused , stupid;' ' I didn't know what to expect and I had no support'; 'frightened, shocked- when the child was crying, I didn't know what to do;' 'I felt very nervous;' 'I felt totally mad, stupid-I felt I couldn't cope;' 'sick, physically and mentally;' 'for about a month I felt very down and I felt very bad;' 'frustrated, alone;' 'The world was against me; I felt empty;' 'confused and stupid;' 'I got very depressed I felt that I had no-one. I felt bad;' 'I felt very down- I felt that I couldn't do all that I wanted to do for myself- the baby came first, I came last'; 'very depressed. I felt totally down.'*

A very small number (11%) of the ***providers*** felt positively: - some being totally so *'excited, relieved and looked forward to the future;' 'high, excited;'*- with a further group (11%) having mixed feelings *'delighted and elated- but also terrified;' 'happy and nervous;' 'happy but frightened.'*

In the remainder of the situations it was not possible for them to assess their feelings since for example the baby remained in hospital etc.

5.2 The source of the support available at that time

The majority (81%) of the ***recipients*** had a partner at the time the baby was born. However when they were asked who gave them most support after they came home from hospital with the new baby, just two fifths (42%) referred to their partner as the person who gave them most support at that time. (See Table 10) (Attention was focused on the first person if more than one person was mentioned). The extent and kind of support given by him varied:

> *'My husband. He did everything- cooking, shopping, cleaning, looking after the baby;' 'My husband. He'd stay up with the baby and let me sleep; ' 'My husband. He was not much help but emotionally he was there;' 'My boyfriend. He fed her, changed her, minded the kids. He was brilliant.'*

The second most commonly mentioned person was their mother. Just under a third (30%) of those receiving the Community Mothers Programme referred to her. They said things like:

> *'My mother. She did everything for the baby;' 'My mother. She did everything. She comforted me and calmed me down; 'Mother. She washed the baby's clothes, and took the older boy out to leave me in peace'.*

There were occasional hints of tension in the relationship: *'My mother. She advised me well, but then she got too overbearing and I had to ask her to stop.'*

Table 10: Who gave most support when they came home from hospital with the new baby?

Most Support	Recipients	Providers	Total
	% (N)	% (N)	%(N)
Partner	42%(11)	40% (11)	42% (22)
Mother	30%(8)	22%(6)	26%(14)
Family/Parents	8% (2)	7% (2)	6% (4)
Sister	4% (1)	7% (2)	6% (3)
Friend	8%(2)	4% (1)	6% (3)
Son	4%(1)	0%(0)	2% (1)
Father	0% (0)	4%(1)	2%(1)
Doctor	4% (1)	4% (1)	4% (2)
Other	0% (0)	7% (2)	4% (2)
No one	0%(0)	4% (1)	2% (1)
Total	100%(26)	99%(27)	100%(53)

As one might expect a minority referred to friends; sister; son etc. as giving most support. The kinds of support and the level of support they gave varied:

> *'My friend. She minded the baby so that I could get a break'; 'My sister. She travelled from the North and minded my older child so that I could visit my baby in hospital;' 'My son the eldest one- he minded the kids and did the housework.'*

Broadly similar questions were asked of the **providers**. When they were asked who gave them most support at the time the new baby was born, a very similar proportion (40%) referred to a husband/partner (See Table 10: note that where more than ono person was mentioned, only the first was included). As in the case of the recipients the extent and kind of support given varied. They said things like:

> *'my husband- he was great- he did everything;' 'my husband emotionally;' 'my husband- he comforted me; he fed the baby; did the shopping;' 'boyfriend- he changed nappies, made dinners, cleaned the house.'*

In some cases references were made to the help given with other children

> *'my husband. He was good with the kids when he came home from work;' 'my husband. He did everything for the house, the baby me the other kids.'*

Roughly one in four of the providers identified their own mother as the person who gave them most support at that time:

> *'my mother- she'd give me a break and mind the baby;' 'my mother. She took over everything with the baby- fed him and changed him etc.;' 'my mother- she called to chat and advise me;' 'my mother- she'd take the baby and give me a break and she gave me my dinner.'*

As in the case of the ***recipients*** sisters; father; best friend; a neighbour; district nurse and lone parents group were also referred to (see table). A broadly similar range of help was referred to:

> *'my sister- she helped emotionally to cope with my fears;' 'my sister- she used to listen to me, she advised me;' 'my best friend- she did everything. She came at ten in the morning and left at six in the evening. She was great;' 'my father- he was there for me emotionally and physically;' 'the district nurse- she visited very often and was easy to talk to;' 'a lone parents group...they were there for me;' 'my parents...they did everything. They baby-sat and they listened to me when I was down;' 'my family they took him one night a week;' 'an old woman who lived near me- emotional support and baby-sitting.'*

5.3 The extent of the support available

All of the ***recipients*** and the overwhelming majority of the ***providers*** had received some support when they came home from hospital with the new baby. Just one of the latter said that there was no one: *'nobody did anything for me.'* Yet when they were asked how they would have felt having a Community Mother visiting at that time, the overwhelming majority (93%) were very positive.

In some cases it was clear that what they wanted was support from 'outside':

> *'I would have liked it. I would have loved to have someone else to confide in; to chat to from outside the family;' 'It is nice to get a break from the family's company and to chat to someone else from outside;' 'I would have loved it because my own mother would only say what I was doing wrong. I needed guidance not a lecture;' 'I'd have liked it- my baby was sick and I could have done with someone from outside to talk to-sometimes it is easier to talk to a stranger;' 'It would have been brilliant. I had no experience. I relied on my mother too much- my mother took over too much;' 'I'd have loved it. Families can get too involved. It's good to talk to someone from the outside. It's easier to take advice from outsiders.'*

In other cases they would have liked it precisely because they did not have family support:

> *'I would have loved it - I didn't have family support. I needed someone to talk to;' 'I think it would have been a good idea- I lived so far away from my mother;' 'I would have welcomed it. I was on my own.'*

In some cases it was clear that what was needed was emotional support for themselves:

> *'I would have liked to have someone to help me- to talk to me about myself really- I knew what to do with the baby, but I didn't know what to do with myself'- how to cope with my feelings and depression.'*

In other cases it was help with handling the baby that they would have welcomed:

> *'I would have liked it- especially the first child-I knew nothing;' 'I'd have loved it. could ask her things without feeling stupid, and talk in total confidence;' 'I'd have loved it. I didn't know one end of the child from the other.'*

As some went on to explain: *'I needed someone to support me- my husband was on shift work and I lived in a new area.'*

There were only a small number (7%) of the **providers** who would have had reservations about having a Community Mother visiting at that time:

> *'I don't think so, unless I was on my own. I had enough advice at the time from my parents. I learned a lot from my sister as she had a baby months*

beforehand;' 'I wouldn't have liked it in my home'.

5.4 The support given by partner

Although the partner was not mentioned by the majority of the ***recipients*** or the ***providers*** as the person who provided most support, the majority of both did see him as having given some help. In the case of the ***recipients*** just over three fifths (62%) of those who had a partner (who made up half of those in the total sample) said that he was a help. The extent of the help given by partners varied:

> *'He was a great help -everything, baby, house, me;' 'he helped a lot. He took time off so I could sleep whenever I wanted. He took our oldest son to school and he helped around the house;' 'he did everything in the house, cooking, cleaning etc.;' 'not practically, but emotionally.'*

Some of those who said that he was not really a help explained this in various ways. Some referred to his work situation: *'He works so he puts that first- before me and the baby;' 'not really-he works long hours.'*

Others adverted to his ability to cope with the baby: *'he could be [a help] sometimes but when the baby cried, he panicked. He couldn't cope at all;'*

Others simply said that he was no help. Thus it was clear that there was considerable variation in the help given to the ***recipients*** by husbands/partners.

In the ***providers*** sample, 96% of the respondents had a partner at that time. When they were asked whether he was a help or not really, 54% said that he was:

> *'He was great, feeding the babies, and holding my hand when I was crying.'; 'He helped me in every way with the house and the baby.'; 'He was a great help- every thing from housework to feeding and changing the baby.'; 'He was a good help- cleaning, cooking and minded the baby and gave me a break from him.'; 'Yes. He helped by listening doing the housework, cleaning cooking etc.'; 'He helped- he hugged me- asked me my problems- how was my day etc. etc.- very loving.'*

Some said that the help he gave was more limited:

> *'average male- only when he had to- he improved with the second child.' 'he helped. He fed the baby, changed him, minded him- except he didn't bathe*

him.'

Roughly half of the providers described their partner as having been little or no help:

> *'He did men things. He thought babies were women's things. He didn't help at all;' 'no he drove me round the twist- no help;' 'he didn't help; he left everything for me to do;' 'he hadn't a clue- no help really;' 'no help really - he worked long hours on the road.'*

The numbers are very small but it was striking that those who were separated seemed to be disproportionately represented amongst those who described him as having been no help. It is difficult to interpret this, since it may be that the memories of those who are separated are more negative. However it is plausible that a partner's involvement at this time could have implications for the long-term stability of the relationship.

5.5 The local availability of kin and friends

It is important to stress that the context within which the Community Mothers' Programme was provided was one where, for the most part, the women had helpful relatives living nearby. Thus less than a quarter of the women who were ***receiving*** the programme (23%) had no relatives living nearby. Slightly more of the ***providers*** were in this position, with a third of them (33%) having no relatives living nearby (see Table 11). This indeed may have be associated with their own awareness of the need for the Community Mothers' Programme. Nevertheless it is clear that for the overwhelming majority of both ***recipients*** and ***providers*** a variety of different relatives were living nearby.

Just under two-fifths (38%) of the ***recipients*** specifically referred to the fact that their mother was living nearby. Sister(s) were referred to by roughly a quarter (23%) of the ***recipients***. Brothers, in-laws and other relatives were living nearby in the case of sizeable minorities.(see Table 11). Indeed of those whose mother was alive at that time, more than four- fifths (83%) of the ***recipients*** either lived with her or saw her everyday. The majority of those in the ***recipients***' sample (88%) had sister(s). Almost two thirds (65%) of those who had a sister said that they saw at least one of them, everyday/or that they lived with them at that time. Indeed in some cases where there was more than one sister, they took it in turns to come to visit them everyday after the birth of the baby.

In the providers' sample although at first glance it appears that a smaller proportion had a mother living nearby at that time, the trends seem broadly similar when one takes into account the more inclusive references to *'all my family;' 'parents'* etc. More than half of the providers whose mother was alive saw her every day, with the majority of the remainder seeing her at least once a week. Similarly, the overwhelming majority (93%) of them had sisters, with roughly two thirds of those who had seeing them at least every week. Thus it is clear that the context within which the Community Mothers' Programme is provided is one where relatives are available, and yet where there is a clear perceived need for the Programme.

Table 11: What relatives lived nearby (when they came from hospital with the new baby)?

Relatives	Recipients	Providers	Total
	%(N)	%(N)	%(N)
Mother	38% (10/26)	26% (7/27)	32% (17)
All my family/Parents	4% (1/26)	11% (3/27)	8% (4)
Sister(s)	23% (6/26)	15% (4/27)	19% (10)
Brother(s)	12% (3/26)	11% (3/27)	11% (6)
In laws	15% (4/26)	22% (6/27)	19% (10)
Other (Grandma etc.)	12% (3/26)	0%(0)	6%(3)
No-one	23% (6/26)	33%(9/27)	28% (15)

(Note percentages do not add up to 100% since more than one kind of relative was mentioned)

The overwhelming majority (95%) of the **receivers** and two thirds of the **providers**, who had relatives living nearby, said that they were a help. However, roughly half of these were ambivalent about this help. They stressed that they were:

> *'too overpowering; killing me with kindness;' 'not really a help- an interference really;' 'no help really- she (my mother) had to go to work;' 'my mother helped in some ways, but was difficult to confide in.'*

It was striking that in the case of those who mentioned in-laws as the relatives living nearby they were typically seen as not really helpful *'only the in-laws. She (mother in law) took over the baby and made me feel unimportant and useless.'*

Amongst those **receiving** the Community Mothers' Programme, just under one third said that they would have liked some of their relatives (mostly mothers and/or sisters) to be more involved: *'My mother. She couldn't travel, as she was sick. Just to talk to me and advise me.'* Amongst the **providers** sample, an even smaller number (n=3) would have liked their relatives to have been more involved:

> *'My eldest sister could have been more involved- she could have been a better support- but she had her own family -she didn't have much time;' 'my mother and sisters-if they visited more often and minded the kids.'*

The respondents were specifically asked 'what about friends?' and having identified named friends they were asked whether or not they were a help. More than three quarters (77%) of those **receiving** the Programme mentioned two or three friends by name and of these, 90% (18/20) said that the they were a help. It was clear that the contribution of friends varied and that in some cases it included emotional support; social support and/or practical help:

> *'Mary, Susan and Helen, they advised me, they chatted to me;' 'Karen, Jane and Julia, they visited and babysat for me. They did the shopping, helped me with my moods and had a laugh with me'' 'gave me a break by feeding the baby'.*

In those cases where only one friend was mentioned, the extent of the help was typically greater: *'Marie: She often took him overnight and fed him.'*

Friends were somewhat less salient to the **providers**. Thus, in the **providers** sample, just over half (56%) identified specific friends and of these 69% (11/16) said that they were a help at that time. Typically again where friends were mentioned, two or three names were mentioned:

> *'Mags, Mary and Anne- a great support- baby-sat and visited;' 'Mary and Ber yes- they called to chat and give a hand;' 'Paula and Anne yes. They advised me about the baby and visited me to talk;' 'Denise, Jackie and Mary- we all supported each other;' 'Bridie and Mary -yes -they helped emotionally... shoulders to cry on when I was depressed;' 'Eva and Patsy-*

they gave me clothes and money when I needed it.'

Thus it is clear that a variety of help was given by friends.

The overall picture which emerged then from the ***recipients*** and ***providers*** was that the majority felt less than positive after the birth of the new baby, despite the fact that they typically had a partner and were embedded in a network of relatives and friends. In the next section, the whole question of the meaning and value of the Community Mothers Programme in this context will be explored.

6. Overall evaluation and perception of the Programme

In order to assess their overall evaluation and perception of the Programme, the ***recipients*** and ***providers*** were asked:

- what they thought of the programme;
- what they liked most and least;
- what they thought it was really about;
- what they thought would improve it, and
- whether or not they would recommend it to a friend.

In addition the ***providers*** were asked:

- how they got to hear about the Programme in the first place and
- whether or not they thought it would lead anywhere.

The ***recipients*** were asked about why they decided to accept the programme. Both ***recipients*** and ***providers*** were asked:

- what would have helped when they came from hospital with the new baby; and
- about the kinds of support and information which would be helpful for young mothers like themselves.

6.1 General evaluation

When they were asked what they thought about the programme, the overwhelming majority (88%:15/17) of the ***recipients*** made positive comments. In some cases these were very general: *'I was mad about it.'* Of those who referred positively to specific aspects, roughly one third stressed support for themselves and advice about the baby:

> *'I liked it. I thought it was great to have someone to talk to;' 'I thought it was*

> *great- when my baby was born. I needed someone to talk to about him;' 'sometimes when it is bad it is great to have somebody to talk to;' 'I liked the advice and the tips;' 'It had a lot to offer information wise. I got nice leaflets on how to deal with a child and menus for kids;' 'It was friendly and helpful. She was good for advice;' 'I thought it was good, interesting, health issues etc.;' 'I thought it was very good. I never had anything like it before.'*

A small number 12% (2/17) of negative comments were made. In one case the Community Mother was described as *'a talker. In fact she was even talking to me about others. I didn't trust her.'* In another case the mother who had herself been trained in child care felt that *'I knew more than the Community Mother that visited me.'* In both cases, as noted by the interviewer, there were other factors in the situation, such as strong feelings of family privacy etc., so that these responses may partly reflect such phenomena.

When the **providers** were asked what they thought about the programme, the overwhelming majority (89%) of the comments was also very positive. Some referred to the effect of the programme on the mothers,- while others mentioned its effect on themselves. Thus they said things like:

> *'Excellent'; 'It is great. It should have been there years ago'; 'very good- especially for young mothers, but it amazed me that people with a few kids still got a lot out of it.'*

Some did qualify their answers by referring to the need to increase the take up of the service and/or to target it better:

> *'overall, it was fine, but it was not well known enough'; 'Brilliant, but it could be better if we visited people in flats as well. They are isolated, also single parents'.*

Others referred to the difficulty of getting people involved in it:

> *'Its good but it is very hard to get in to the homes;' 'They don't trust it as they don't know much about it'.*

Some went a bit further and said that although they thought it was good: *'It wasn't suitable for some areas- especially those that are clannish, close knit'.* One or two said explicitly that: *'It might work for some but not for others.'* Others in the **providers**' sample referred to their own feelings about it. Thus they said things like:

> *'Its very good- and for myself I learned a lot. I learned from other people's lives'; 'I enjoyed it ;' ' very very worthwhile- for myself and for the families.'*

One or two had some reservations; *'I felt it was a bit complicated- the forms could have been simpler'*; or they had reservations about visiting people they already knew *'too personal'*).
Nevertheless, it was clear that their overall perception of it was very positive.

6.2 Perception of the Programme

Those who were **receiving** and **providing** the service were well aware of the dual objectives in the programme namely helping mothers by providing support information etc., and facilitating the baby's development. When they were asked what they thought the Programme was really about, more than half (53%:9/17)) of those who said that they were **receiving** the Programme said that it was about giving new mothers support or information, helping them if they were depressed or if they were lone parents: *'just a helping hand, someone to talk to.'* A further group saw the Programme as being about *'mothers helping other mothers:' 'help from an older woman who had experience of kids.'*

On the other hand, just under three in ten (29%) saw it as being about facilitating the baby's development: *'about the baby mostly and the baby growing up, avoiding accidents'.*

When they were asked what they thought the programme was really about, the providers also referred to its role in supporting parents:

> *'support for the families:' 'helping new mothers with babies;' 'helping new mothers- especially younger ones;' 'about parents supporting parents .'*

Some were a bit more specific and referred to it as being really about:

> *'support and friendship- a gentle parenting programme;' 'to try and show the mother how to enjoy their child - not just rear them;' 'support and encouragement for parents;' 'an educational programme and a health programme for babies and mothers;' 'getting information into the community and a support for them'(new mothers).*

Some indeed made its focus on mothers explicit- '*Its about the mothers more than the children really- back up for them.*'

6.3 What they liked most and least about the Programme

The focus on the mother was also very evident when those who said that they were receiving the programme were asked what they liked most about the programme. Thus more than seven out of ten of the recipients (71%:12/17) said that what they liked most was having somebody to talk to:

> *'being able to talk to someone who understands me'; 'someone to talk to-a comfort;' 'someone to talk to. It was a good crack; I liked her'.*

A minority (12%) said that what they liked most were the leaflets: '*the leaflets interested me-general information*'; '*I got leaflets - they were very good*'. For others (12%) the thing they liked most was being able to get advice about the baby *'the practical advice from the Community Mother- bathing, feeding sleeping routines etc.'*

When they were asked what they liked least about it, almost two thirds (65%:11/17) of those who said that they were receiving the programme said that there was nothing. For those who did refer to specific things that they did not like, by far the most common was the Community Mother talking about her own children: *'The Community Mother kept talking about her kids and she never really asked me about my baby'*. For some there were limits to what the Programme could do - 'She couldn't come and visit as often as I would have liked;' 'the fact that we knew each other meant that I found it hard to talk to her about personal things.'

The **providers** were asked what they liked most about the programme. There was a good deal of variation in their replies. They referred to meeting people and/or helping them:

> *'I like getting to know the mothers; getting them to trust me and all that;' 'meeting people, meeting the children and seeing them progress'; 'I enjoyed seeing a young mother growing in confidence;' 'I like to see the babies growing - I like meeting people;' 'Giving advice that works to young mothers feels good. I advised one to go back to the doctor with her baby's skin complaint and the baby got better. I felt good about that;' 'the fact that it*

> *could supply information for people in their own homes- their entitlements, where to go if they were feeling down, social welfare information'.*

Others liked the training most, although they varied in the particular aspect that they enjoyed most. Thus for some it was the fact that: *'I was given all the information to help the families'; 'the different stages of a baby's life- learning about that really'*. For others it was the material they were given, and specifically the cartoons, which they liked most; *'the cartoons - they were easy to understand- they explained things in a simple way'; 'I loved the cartoons and the manual - it explained everything.'* Another group identified *'going to the meetings- the feedback sessions'; the meetings with other Community Mothers'; 'the training and the confidence building for knocking on doors'* as the things which they liked most.

When they were asked what they liked least, by far the two most common responses amongst the providers revolved around getting access (44%) and dealing with 'the green forms' (33%). Typically, as they saw it, access issues were hardest at the beginning. Thus they said that what they liked least was:

> *'going to the door for the first time'; 'first visits are the hardest- not knowing what you are walking in to;' 'approaching the person for the first time- what would they be like;' 'getting doors closed in your face.'*

The kind of information they were asked to collect on the green forms was also frequently mentioned as what they liked least. Some described the 'green forms' as *'too official- people were wary of them.'* Others described them as *'too personal'* while some said specifically said that they *'didn't like asking questions about what they ate for breakfast, dinner and supper for example.'*

A small number of those in the Community Mothers' sample (11%) referred to the fact that they were not given *'identification cards to explain what we were all about'*, and it was striking that these were amongst those who were no longer Community Mothers. (Leaflets with contact phone numbers are now given to the Community Mothers so that the recipients can satisfy themselves about their identity and the legitimacy of the service). A small number (7%) referred to difficulties about *'going too far away'*; and people not being in and/or to an unwillingness to work in particular parts of the city. Only one respondent referred to any anxiety about families becoming over dependent.

6.4 Willingness to recommend Programme

The willingness to recommend the service to a friend can be seen as an indicator of their evaluation of the service. The majority (82%:14/17) of those ***receiving*** the Programme said that they would recommend the service to a friend:

> *'because it helps to get information on the baby, advice on everything;' 'I would yes, I think it is good for a Community Mother to call, to help people and talk to them;' 'great for advice- supportive really' 'company'; 'people like me, single mothers, need someone to talk to, even if you live with your own mother;' 'you never know enough no matter how many kids you have;' 'its good to talk to a stranger about personal things.'*

Just under half (47%: 8/17) of those receiving the Programme said that they would recommend it but with qualifications:

> *' I would- its a good idea but it is not for everyone. People said to me that they were afraid that the Community Mother would talk about their private business.' 'I would, I suppose, if the person knew more about the programme; if you knew the Community Mother or if someone was easy going;' ' I would if the person didn't know the Community Mother who is calling on her...Things are everywhere when you have a baby-emotionally. You don't want someone, you know, seeing your weakness.'*

Some saw specific groups as particularly likely to benefit from it, such as for example, those, who were very young and needed somebody to talk to; those, whose family was away; and whose friends were single and did not understand. *'I would for a first time mother...First time mothers know nothing-they need it.'*

Two would not recommend it at all:

> *'Not really...maybe if the Community Mother was more understanding.... I actually remember she had a lot of children and she spoke about her children ALL the time'; 'she did not give enough information or ask me enough.'*

Those in the ***providers'*** sample were also asked whether or not they would recommend the programme to a friend. The majority (89%) of the responses was very positive. Some referred to its effect on them and some to its effect on the recipients. They said things like:

> *'I would yes I think it is an excellent programme for building confidence in the Community Mother and in the family- and the information is good and there is plenty of it;' 'Yes. It's an outlet and its great to make friends;' 'I would. It's a great experience. It is great to meet others. It makes you more outgoing;' 'I would, it is very satisfying. When you see the families getting involved in the community themselves, you get a kick out of that;' 'I would if they were really interested in helping children and mothers. It helps if you love children to begin with.'*

Some were clear that they would recommend people to do it but *'I don't know how people are chosen to be Community Mothers.'*

Others interpreted the question as referring to whether they would recommend someone to take the programme;

> *'its good for people to have this service;' 'I'd stress that it was up to them but to take the cartoons anyway-they are good-every parent needs these parenting skills.'*

Still others were more qualified in their support:

> *'it depends if they need it; if they are isolated they need it more;' 'Its too difficult to talk to mothers if they are living with their own mothers.'*

A minority (11%) of the **providers** said that they would not recommend it:

> *'not really, unless she knows what to expect- the rejections etc.'; 'some Community Mothers feel hurt by the rejections- they take it too personal;' 'not really, I didn't really like it overall, because it is geared at people who don't really need it.'*

6.5 What would really have helped when they came home with the new baby

More than four fifths (81%) of the respondents in the **providers** sample felt that what would have helped at the time was having someone to talk to, to listen, to accept them, to confide their fears in, or just someone to be there for the company: (See Table 12)

> *'to have someone to listen to how I felt;' 'to have someone to talk to outside*

> *the family;' 'someone like a Community Mother- someone to talk to;' 'someone to sit and talk to- to let me know that I wasn't doing anything wrong'; 'someone who wouldn't lecture you if you did something wrong;' 'someone from outside the family that I could talk to in confidence;' 'someone to discuss your fears with;' 'to be able to sit down and cry my eyes out to a stranger;' 'a support group for mothers with new babies'.*

Those who were **receiving** the Community Mothers Programme were also asked what would have really helped when they came home from hospital with the new baby. Just under a quarter (23%) of those receiving the Community Mothers Programme said that: *'nothing really, my mother was great;' 'no, my husband was great;' 'I was OK.'*

More than a third (35%) referred to either somebody to talk to and/or to give advice- kinds of support which could well be provided by the Programme:

> *'somebody to talk to;' 'I needed someone to talk to really, like a good Community Mother;' 'a Community Mother to talk to, to confide in;' 'a good friend, someone to turn to, someone to understand me and what I was going through;' 'someone to talk to when I got depressed;' 'a community mother really, someone outside of the family to talk to, someone who didn't interfere.'*

For others, it was advice or direction (e.g. about breast feeding, twins, sick children) which would have really helped:

> *'someone to tell me what was going to happen next with the twins, my life everything; someone who could explain to me why I dried up when I was trying to breast feed.'*

Just over a quarter (27%) referred to various kinds of practical help, such as:

> *'someone to clean the house'; 'someone to take the baby as a break for me;' 'someone to watch the baby while I cleaned the house'; 'an hour to myself every now and then, somewhere to leave him and have a little time to myself.'*

A small number referred to money or the desire to have their own home:

> *'I'd have preferred to have my own home (I live with my mother); 'A big bank balance. I didn't even have any baby bottles- no baby food, I had no money.'*

Table 12: What would have really helped on coming home from hospital with the new baby?

Really Helped	**Recipients**	**Providers**	**Total**
	% (N)	%(N)	%(N)
Somebody to talk to/advice direction	35% (9)	81% (22)	58% (31)
Various kinds of practical help	27% (7)	7% (2)	17% (9)
Money/own home	15% (4)	4% (1)	9% (5)
Nothing /don't know	23% (6)	7% (2)	15% (8)
Total	**100% (26)**	**99% (27)**	**99% (53)**

A small number of the **providers** referred to *'more money'* or what one could regard as various kinds of more practical help such as *'sleep and someone to take care of the babies;' 'having one child instead of three- I had three babies one after the other.'* A small number also said that there was *'nothing really-I had all the support I needed.'*

6.6 Kinds of support needed for young mothers

Some of the mothers had ***received*** the programme some time previously and so their needs might well have altered/ abated at this stage. Hence they were asked what would help now. It was striking that more than half of the women (54%) said

> *'I'm on my feet now, I'm OK'; 'nothing really I can cope now. Two of my kids are at school now, so I have only one baby to mind at home;' 'I'm fine now. The small one is going to the cre`che;' 'I'm OK now. I manage. My mother minds my kids sometimes and I mind my relative's kids, so I'm fine. I don't need any help now;' 'I'm OK today really. The twins are 2 years old now and I'm enjoying them now. I'm OK now. My husband is good with them now. He can cope.'*

Thus quite clearly for these women, a combination of a reduction in the intensity of child care demands, because the children were older, as well as the availability of help from mothers and husbands had created a context where they did not now need help.

Table 13: What recipients think would help now?

What would help now	% (N)
"I'm on my feet now I'm OK"	54% (14)
Ongoing support/comm mother/mo. toddler group	27% (7)
Fundamental change in life style	19% (5)
Total	**100% (26)**

Roughly a quarter (27%) of ***recipients*** felt a need for ongoing support, whether from the Community Mothers Programme, a mother and toddler group, or an available crèche. They said that it would help if there were:

> *'more visits from the Community Mother. I enjoyed the chats and advice, and I'd love them to continue on;' 'someone to talk to outside the family;' 'someone to talk to, to get advice from, on how to deal with the older one's jealousy of the new baby.'*

Others felt that it would help if there was:

> *'a mother and toddler group where I could go with the kids so that they could mix with other kids and I could meet other mothers;' 'I'd love to get a part-time job to get a break-so a crèche to leave the kids for an hour or two or longer.'*

Less than one in five adverted to more fundamental changes in their lives e.g. for a home of their own; a quieter child; a move to the country; more money from the government etc.

> *'If I had my own house, I could raise my kids in peace in my own way;' 'More time, more money, more support from the government'.*

Thus quite clearly for the most part their expectations were modest; and for the most part, their need for a Community Mothers' programme was a time limited one.

The need for the Community Mother's Programme is implicitly illustrated by the response of both the ***recipients*** and ***providers*** when they were asked what kinds of support they would like to see in place for new parents like themselves. Overwhelmingly the kinds of things they referred to involved some kind of informal support. Thus 45% of the ***recipients*** referred to the need for some kind of group support:

> *'support groups for new mothers especially ones with multiple births';' more support groups to chat about your feelings after having a baby.'*

For others (14%) the key issue was to have

> *'more visits, more often- maybe more visits from the Community Mother'; 'more visits from the Community Mother, for longer periods, maybe until the baby is a toddler'.*

Roughly one in four (27%) referred to some kind of arrangement that would give them a break from the baby: *'a crèche for town days, you know when you have to go to town;' 'some kind of a drop in centre to give the parents a break.'*

Only a minority (14%) of the ***recipients*** said that there was nothing. Thus quite clearly as the majority saw it there was a need for emotional support, companionship and a break from the new baby. Overwhelmingly support was seen in very much the same terms as in the Community Mothers Programme, albeit that more extensive, and in some cases more group based experiences, were seen as important.

When the ***recipients*** were asked if there was any thing else, they referred to crèches, play- schools and *'something for the older kids to do'* (after school) - the kinds of activities that are associated with a family resource centre. Others mentioned mother and toddler groups; coffee mornings with other mothers; relaxation classes; help for lone parents and sports activities. It is possible to envisage many of these being created by active community leadership from voluntary resources.

When they were asked if there was anything else, two fifths of those in the ***providers***' sample said no. Of those who did mention something else, by far the most common was crèches, with one third of the total sample referring to them. Other suggestions included parent and toddler groups; a support group one morning a week; playground supervisor; home help for young mothers; sex education for young mothers and cookery classes.

They were also asked what kinds of information they thought would be helpful for young mothers. In response to an open-ended question a wide variety of different kinds of information was referred to (see Table 14). Thus 38% of the ***recipients*** and 44% of the ***providers*** referred to a need for information about social and community events, activities and entitlements. This included information about adult education and social welfare, as well as practical information on what services were available locally.

> *'Phone numbers of people such as nurses to save running to the doctor all the time'; 'crèche times;' 'classes in the schools;' 'knowing their rights especially for lone parents;' 'community information, educational information'; 'all the services available in the community.'*

A wide variety of other kinds of information were also referred to. For example, 23% of the ***recipients*** and 19% of the ***providers*** referred to information on nutrition, health and self care:

> *'advice and information about their own health,' 'baby blues'; 'diets; on caesarean births- how long is the recovery period'; ' 'breast feeding ...what to do if you dry up for example.'*

It was interesting that relatively few references were made by ***recipients*** or ***providers*** to information about general baby care,

> *'cleaning bottles, babies crying, how to handle the babies;' 'everything on baby care from birth to age two years;' 'how to cope, what to expect with a new baby'; 'feeding information, stress management and how to deal with sick children.'*

Information and advice about money management and information on sex education including family planning was also mentioned relatively infrequently. A small number of respondents, thought that there was no need for any (more) information for young mothers: *'we have enough;'* while another small group did not know what kind of information would be most useful (See Table 14).

Table 14: Kinds of information perceived as helpful for young mothers

Information	Recipients	Providers	Total
	% (N)	% (N)	% (N)
Information: social/ community activities and entitlements	38% (10/26)	44% (12/27)	42% (22)
Information: nutrition, health and self care	23% (6/26)	19% (5/27)	21% (11)
How to care for/ cope with a new baby	15%(4/26)	15% (4/27)	15% (8)
Advice: Contraception	12% (3/26)	11% (3/27)	11%(6)
Money management	8% (2/26)	11% (3/27)	9% (5)
Don't know	12% (3/26)	7% (2/27)	9%(5)
Nothing	0%(0)	7% (2/27)	4% (2)

(Since more than one kind of response may be given percentages do not add up to 100%)

When offered a pre-coded choice of a range of services, which might be useful for parents like themselves, the majority of the ***recipients*** and the ***providers*** indicated that they saw a need for day care; for after school care and for some kind of a drop- in centre and for access to adult/continuing education. (See Table 15)

In reply to specific pre-coded questions, all of those in the recipients' and providers' sample felt that it would be useful to provide information on times of the clinics; the name of the public health nurse; information on maternity benefits and on other aspects of social welfare; on local adult education; on local mother's groups; on local mother and toddler groups.

Table 15: Kinds of support they would like to see in place for new parents (pre-coded)

Kinds of support	Recipients	Providers	Total
	%(N)	%(N)	%(N)
Day care	88% (23)	89%(24)	89%(47)
After school care	69% (18)	82% (22)	75%(40)
Drop in centre	96% (25)	89%(24)	92%(49)
Adult/continuing education	100% (26)	96%(26)	98%(52)

It is clear that both ***recipients*** and ***providers*** evaluate the Programme positively in general terms. It is also clear that both stress its focus on the mother, although to somewhat varying degrees. It is clear that the majority of the ***recipients*** see the existence of someone to talk to as a very important feature of the Community Mothers Programme. It is also evident that there is a great reservoir of good will amongst the ***providers*** towards the service, although issues surrounding access and the 'green forms' remain problematic for a sizeable proportion of these. It is also clear, however, that sizeable minorities of both the ***recipients*** and the ***providers*** have reservations about recommending the Programme to a friend, and that in some cases this is because of factors related to the delivery of the Programme.

7. Delivery of the Programme

The focus here is on the recipients and providers evaluation of a variety of specific aspects of the Programme, including:

- frequency of visits,
- timing
- location,
- ending,
- content

In addition the ***providers*** were asked to evaluate the training and difficulties surrounding access since these had emerged as important from the documentary evidence.

7.1 Timing and frequency of the Programme

Of those who said that they ***received*** the Programme, almost two thirds

(65%:11/17)said that the visits occurred Monday to Friday in the mornings. The remainder said that they occurred either in the afternoons or both in the mornings and afternoons (and even in one case in the evening). All of the respondents (17/17) indicated that the times of the visits suited them and that the *'Community Mother called when I wanted.'*

Attitudes to frequency were more varied amongst the ***recipients***. Roughly a quarter (23%:4/17) of the ***recipients*** felt that once a month was just right. Two-fifths (41%:7/17) stressed that it should be more often for some ***recipients***. Roughly a third (35%:6/17) felt that it should be more often i.e.once a week or once every two weeks.

> *'it depends on the persons' situation;' 'more often for those who are more isolated;' 'more often for first time parents;' 'more often for the first three months'.*

The were also asked their opinion about the frequency of visits. Again only just over a quarter of them (27%) also felt that once a month was

> *'just right;' 'it is OK -you don't want to live in their ears;' 'once a month is good. It is a support for the baby as well as the mother, and you see more changes in four weeks in the baby;' 'once a month is just right really. They get sick of you if you call all the time.'*

Half of the ***providers*** felt that the visits should be more often than once a month:

> *'a month is too long apart for visits- too much happens in that time. Twice a month is better;' 'its not enough- two visits per month is better- people forget the advice in a month.'* They noted that in particular parts of Limerick *'people often feel isolated. They are afraid to ask for help'* and twice a

month contact, at least initially, was seen as necessary. Some suggested that it should be every week:

> *'You can get to know the person better that way.' ' sometimes people go back to work very soon after the baby, so you need to see them once a week until they go back to work.'*

Roughly a quarter (23%) of the ***providers*** also felt that the frequency should vary. They referred to the fact that:

> *'it should be more often for people with young babies at the beginning;'*

> *'more often for first time mothers- they have a new problem every week;' 'more often for some -some need it if the child is sick;' 'OK for some. If they ask for more they should get them. They need someone to talk to.'*

It is clear, that although the majority of the ***providers*** felt that visits should be more often than once a month, there was no consensus about the appropriate

7.2 Attitude to the delivery of the service

More than four fifths (82%:14/17) of the ***recipients*** felt comfortable with the Community Mother who visited them. Of these more than a quarter (29%) specifically referred to the fact that *'I knew her and she knows my family so it was OK;' ' I was very comfortable as I knew her already.'* Of those actually ***receiving*** the Programme no one specifically referred to the fact that they would have preferred a stranger although this was referred to by one or two of those who had not accepted /received the service.

The ***recipients*** were asked to indicate on a five-point scale their level of satisfaction/dissatisfaction with the Community Mother's visits. It was striking that more than four- fifths (82%-14/17) were at the satisfied end of the continuum, with just under half being very satisfied. A minority (18%) was very dissatisfied with it.

Roughly four fifths (82%:14/17) of those ***receiving*** the Programme felt that it was alright seeing the Community Mother in their own home. However, when specific alternatives were offered to them in the context of pre-coded questions, a slightly smaller proportion (71%:12/17) favoured this arrangement. There was a good deal of support for various kinds of group sessions when these were specifically suggested to them in the context of such pre-coded questions. Thus 41% said that if they had a choice they would prefer parent group sessions; while 47% said that they would prefer parent and child sessions. Only 6% said that they would prefer to be in a different venue, on their own with the Community Mother. Thus it is clear that there is little desire to move outside the home for individual sessions, but when they are specifically suggested that there is a desire for various kinds of group sessions.

When they were asked how they felt about seeing families in their own homes, the majority (81%) of the providers said that they did not mind this:

> *'I didn't mind. They all made me feel comfortable;' 'I didn't mind. I am open myself. I can relax in someone's home;' 'I didn't mind. It was only for an hour, and you learned their ways more;' 'It was easier for them as they did not have to get the child ready to go out.'*

However, only some of these (roughly a quarter of the total sample:26%) said they actually liked it: *'I liked it. I think it made them feel safe' 'I liked it because they are more comfortable in their own homes.'* A minority said that they did not like it. The reasons given for this varied:

> *'Uncomfortable because you are on their territory'; 'I think everyone's home is private. I don't like intruding;' ' I didn't feel comfortable sometimes-especially if their homes were poor and they were embarrassed;' 'I felt intrusive'.*

When the **providers** were asked how did they feel seeing **recipients** on their own, the overwhelming majority (89%) said that they felt fine, with the remainder indicating that they would like someone to be with them as they were nervous in the beginning. However, when they were specifically asked, if they had a choice, whether they would prefer things to be the way they were, just under half opted for the status quo. To an even greater extent than the **recipients** the majority favoured parent group sessions (82%) and/or parent and child group sessions (85%). Thus it is clear that, for whatever reason, many of the **providers** are more attracted to a group than an individual setting, and that they are acutely aware of the fact that they are *'not on neutral territory' when they are in the families' own home.'*

More than three quarters (76%:13/17) of those who had **received** the Programme found it easy to talk to the Community Mother 'very easy'- *'you couldn't find a nicer person;' 'easy- I knew her anyway;' 'easy- she was kind and lovely.'* A small number (12%) however qualified this in various ways and to varying degrees: *'easy enough, but I wouldn't tell her any private stuff;' 'At first it was hard, after the third time it got easy;' 'she was lazy and difficult to talk to.'*

Those who said that they had **received** the Programme were asked what they talked about during the visits, and whether these were the things that they wanted to talk about or not. Roughly three fifths (59%:10/17) of these respondents said that the main topics of conversation had been the baby and themselves, particularly their own health, and this was what they wanted:

> *'The baby and myself mostly- my health too- it was great;' 'about the baby- his sleep, his feeding, and also how I was coping myself- it was helpful;' 'mainly the baby- my worries etc.- she was all I had- she understood me;'*

Some also mentioned that other children, money and 'general information' were also discussed and they were happy with this- *'the baby, diet (mine) - she asked about the other kids also- her kids, the bills, normal things.'* Roughly a quarter (24%) said that the talk had been only about the baby: *'leaflets about the baby, information on the baby's progress;' 'the baby, feeding etc.;'* and they were happy with this

However, there were a minority of recipients (18%:3/17) who were less than happy with what was talked about. As they saw it the talk was about:

> *'My baby's health and then all about her husband's health, her problems...I wanted more chat about me and my baby...more about my problems rather than hers;' 'more about the baby in particular- she spoke about everything and anything- nothing really specific' 'She did most of the talking...'*

Thus, quite clearly, the ***recipients*** expected and needed attention to be focused on themselves rather than on the Community Mother. Roughly half (52%) of the **providers** said that they found it easy or very easy to talk to the families. The other half indicated that it varied, with references being made to the fact that some people were easier to talk to:

> *'one was stand offish but mostly they were OK; 'difficult at the beginning, but after a while no problem;' 'some people don't really want the programme, these are difficult to talk to;' 'that the younger ones were more difficult to talk to.'*

Just under half of the **providers** (44%) said that they talked about *'anything and everything';* with just under two fifths (37%) referring to talking about the baby and the majority of the remainder (18%) indicating that they talked about *'whatever the mother wanted.'* They were asked whether or not these were the kinds of things they wanted to talk about and for the most part (78%) the

providers said:

> *'that was fine;' 'it was up to them;' 'I was more or less there to listen- I didn't mind;' 'they needed these things to be aired;' 'these were the topics we wanted the mother and I;' 'I let the mother open up to me;'*

Some (22%) said that these were not the kinds of things they wanted to talk about: 'but that they just came up;' *'you had to deal with the problems as they arose'*. They said that they:

> *'would have preferred to talk more about the baby and the advice the programme had, but some mothers just wanted to talk about their own problems and lives;' 'that sometimes it got emotional, and I didn't like it'; 'would have preferred sticking to the essentials- the baby, health etc..'*

A small number of the **providers** said that they would have liked to focus more on the mother herself.

7.3 Providers' preferences and problems

Roughly half (52%) of the **providers** felt comfortable with the families who were allocated to them without exception; *'I liked them all;' 'I felt comfortable.'* Some were less positive, although they stressed that, to varying degrees, they had felt comfortable with the majority of them. For some there were only a minority with whom they did not feel comfortable: *'everyone except one- we didn't click, and she didn't really want the programme.'*

In general the crucial factor seemed to be the extent people wanted the programme and/or 'made me feel welcome'- with one or two respondents mentioning that they were not comfortable visiting those they knew. Others were less happy, and said that they felt comfortable *'with 60% of the families;' 'some yes, some no.'*

The **providers** were asked about the kinds of mothers that they most and least enjoyed visiting. Roughly a quarter had no preference as regards those they enjoyed visiting. Of those who did indicate a preference, by far the most common response was young or first time or single parent families. Over two fifths (41%) referred to these as the ones they most enjoyed visiting:

> *'lone parents and people not living with their own parents'; 'single parents*

> *still living with their parents;' 'young mothers;' young mothers still living with their mothers;' 'first time mothers - they are so fascinated about the baby;' 'new mothers (first time around) you see the need in them more.'*

Roughly one in ten (11%) specifically mentioned that they most enjoyed visiting *'the more isolated young parents;' 'families mostly without other support;' 'deprived ones because they really needed me.'* The same number (11%) seemed mainly concerned with reducing their own unease and said that they most enjoyed: *'families that were easy to talk to, ones that made me feel welcome;' 'mothers who wanted it and were friendly and open to me.'* Thus it was clear that there was no evidence of hostility or antipathy to lone parents, or young mothers. There was however some suggestion that those who were seen as less appreciative, or in any way unwelcoming were unlikely to be popular.

The **providers** were also asked what kinds of families they least enjoyed visiting. Nearly two fifths (37%) said that there was no-one: *'I enjoy them all'*. Almost a quarter said that they least enjoyed visiting those who were living with their own mother: *'with the baby's grandparents;' 'I didn't like it when the grandparents were there. They could be defensive.'* It appeared that the crucial factor was the extent to which any member of the family made them feel unwelcome. Some said that they did not enjoy it *'when the husbands interfere and resent anyone inside the door.'* Others did not like visiting *'mothers with experience, who did not really want it;'* -or indeed those *'who thought they knew it all already.'* Some respondents specifically mentioned that they enjoyed visiting single mothers least, although some went on to explain that this was because *'they did not trust me at the beginning.'* Only one respondent referred to least enjoying visiting those *'in terrible houses. The state they were in.'*

The majority (74%) of the **providers** indicated that they had at least some difficulty getting people to agree to take part in the programme. The difficulties, as they saw them, were of various kinds: *'people didn't answer the door and they did not want anyone coming into their homes.'* The two most common ones offered were that they did not know enough about the programme (22%) and that they thought they were *'from the authorities' and that they were spying'* (15%); *'they were afraid that they might say the wrong thing and that I might report them.'* Some of the Community Mothers perceptively noted that the Programme was unusual:

> *'usually support doesn't GO to people's houses. They wondered about me and what were my motives;' ' people didn't want me in their homes...there were bogus social workers going round and people were on their guard;' 'they'd see the forms and be put off...they were afraid of being reported;' 'they were too scared to let anyone inside their front door.'*

Some thought that there were a variety of reasons involved: *'the people themselves aren't open. They lack confidence. They don't trust people, and some think that they know it all anyway.'* Some adverted to the fact that *'a few mothers lived with their own mothers and they stopped it'*; while as others saw it in the *'tough areas they need it but they don't want it...they are ashamed of their homes. They don't want people in their homes.'*

The minority of **providers** (30%) who had no difficulty getting people to take the Programme also gave various explanations:

> *'I was well known;' 'they were afraid to say no to me;' 'I was lucky;' 'the younger mums were looking for company;' 'The District Nurse had already explained to them about the Programme.'*

Interestingly, roughly three quarters (74%) of the **providers** said that they had no real difficulty getting people to continue with the visits (after the second visit:

> *'they knew me; they trusted me;' 'they were interested;' 'they knew I was coming;' 'they felt more relaxed when the programme was explained to them;' 'they got used to me and looked forward to me;' 'they were glad to know that there was someone there for them.'*

A quarter (26%) of the **providers** said that they had difficulty getting people to continue with the visits. They explained this in various ways-

> *'After the fifth or sixth visit they dropped out. I don't know why. They had problems themselves. They didn't want me. They felt they knew enough already;' 'maybe they didn't need the help;' 'they thought I would be spying on them;' 'there wasn't enough to hold them, it wasn't structured enough'.*

In some but not all cases those who had difficulties getting people to take the Programme also had difficulties getting them to continue.

When they were asked about how they felt knocking on people's doors at the beginning, the overwhelming majority of the ***providers*** (85%) described their feelings in very negative graphic terms: *'I felt terrible, embarrassed;' 'mortified, frightened about the response'; 'very nervous'; 'sick, very nervous'; 'I hated it'.* Only a minority had no difficulties about doing it then or now: *'I was grand about that. It doesn't bother me'; 'no problem then and no problem now.'* Almost two thirds said that they found it easier now: *'now I don't mind;' 'it was no problem;' ' it did not cost me a thought.'* A minority (7%) said that although they had got better, *'they were still not great at it;' 'that they had felt 'terrible at the beginning, but now I'm OK but nervous.'*

Roughly one in three said that they still felt the same as they did at the beginning: *'that they would never get used to it;' 'I hated it and still do;' 'nerve-wracking- and now it is the same;' 'terrified and now it is the same.'* Thus it is clear that knocking on people doors is a huge ordeal for the majority and although for a sizeable minority these feelings abate, they had by no means disappeared.

7.4 Managing endings

As initially devised the Community Mothers programme consists of up to 13 visits, although it is recognised that it may be appropriate for it to end either before or after this. Indeed it is arguable that insofar as the focus of the programme is on the support of the mother rather than the monitoring of the child's development one would expect greater variation. Indeed, increasingly, a flexible approach is being adopted as regards the number and frequency of visits. One way or the other it is obvious that the ending of the visits is a delicate stage in the progress. Hence the recipients were asked about the way the programme ended and what they felt about the timing of this.

It was clear that in the case of more than a third (35%:6/17) of those who said that they had ***received*** the Programme the ending had not been well handled - with the Community Mother simply leaving and never coming back; getting sick and not being replaced etc.

> *'She left one day and she never came back. I waited and she never came back;' 'She just left and never came back....I'd have liked to have known that it was ending. As it was she just left one day and never came back. I don't know why;' 'I didn't like the way it ended. The Community Mother stopped*

> *visiting - no one followed up or visited me...I needed someone. It was winter. I looked forward to the visits and the information was good;' 'My Community Mother moved away so I didn't get any more visits then from anyone;' 'She got a job so she stopped being one then ...no one called after she left. I was disappointed.'*

It was clear that it had been handled somewhat better in the case of more than half of those **receiving** the Programme (59%:9/17) with the Community Mother asking them did they want someone else to call; leaving and saying good bye, or at least telling them that the Programme was over:

> *'She said it would be over soon; she said I could contact her if I wanted to- it was grand;' 'Her time was up. She asked me did I want anyone else to call and I said no- I was OK; I was easy about it;' 'She just said that it was over and that was it'.*

In a small number of these cases the respondents chose the ending time: *'I went back to work so I had to end it. It was perfect;' 'I felt I had enough so she said if I needed her I could call- it [ending] was just fine.'* In two cases (12%:) the Programme was still ongoing *'She still calls. I don't know when she will finish;' 'Its not ended yet. She has three more visits.*

In the case of roughly a quarter of those who said that they had received the programme although the ending was handled tolerably well, the recipients would have liked more/less visits:

> *'The Community Mother told me that the Programme was over- I'd have liked it to have ended before that;' 'The Community Mother left and said goodbye. I missed her...I would have preferred more visits. I enjoyed them;' 'She just said it was all over and that was it...I could do with a few more visits.'*

Overall then, almost half (47%:8/17) of those who received the programme would have liked it to have gone on longer, and a small group (11%:2/17) would have liked it to have ended before. Thus in fact two thirds of those whose visits were over (10/15) were not happy with the timing of the ending. Thus it isclear that there is a good deal of scope for improvement as regards this aspect of the Programme.

7.5 Cartoons and 'green forms'

Part of the Community Mother's role involves the provision of discrete advice and information to the mother. Cartoons are seen as an appropriate way of doing this. The Programme provides each Community Mother with a pack of such cartoons and they are taught how to introduce and use them. Of those who said that they had **received** the Community Mothers Programme, almost two thirds (65%: see Table 16) said that they liked the cartoons:

> *'Very good- I liked them;' ' They are very good- I really needed them;' 'I thought they were brilliant;' 'Quite good- also for the older kids.'*

A minority of those who ***received*** the Programme saw them as *'too basic for me.'* The remainder of those who had ***received*** the programme claimed not to have received the cartoons or not to remember them.

Table 16: Attitude to the educational cartoons.

Cartoons	Recipients	Providers	Total
	%(N)	%(N)	%(N)
Liked /very good	65%(11)	85%(23)	77%(34)
Did not mind them	0%(0)	0%(0)	0%(0)
Did not like/not really	12%(2)	15%(4)	14%(6)
Don't remember/ did not get them	24% (4)	0%(0)	9%(4)
Totals	**101% (17)**	**100%(27)**	**100%(44)**

Over four-fifths of the ***providers*** were very enthusiastic about the cartoons (see Table 16). They saw them as:

> *'the best invention ever. They explain everything. You don't have to be telling them and bossing them;' 'very good - excellent really. It is not like you are preaching or bossing them. Anyone would enjoy reading them;' 'very good- they are very simple and to the point;' 'brilliant. They are a more informal way of showing the right and wrong of a situation;' 'they helped a lot. They liked them and I did. The mothers used to ask for more cartoons;' 'very good- they give you a very clear positive and negative approach to the problem. I liked the writing on the back also.'*

One or two respondents thought they were strange at first *'but I liked them after* *a while.'* It was noted that they were particularly useful for those who could not read; and that children as well as parents enjoyed them.

A small number of the ***providers*** (15%) had reservations about some or all of the cartoons.

> *'Some I liked. Others were too judgmental; 'Some parents might feel they were wrong to do certain things;' 'Some were good, some I wouldn't use in a million years. Some made the mother look bad if she did it wrong.' 'I did and I didn't like them. I didn't need them when I had my kids. I had common sense but they are good for some new mothers.'*

Part of the Community Mothers' Programme involves encouraging the mothers to complete a form which maps the child's development and which records the mothers diet etc. ('the green form'). Of those who said that they ***received*** the Community Mothers' Programme, roughly three-fifths (59%) said that they liked or at least did not mind these forms (see Table 17). Only one ***recipient*** was enthusiastic-: *'I liked them- they reminded me to eat myself and to feed the kids at the right times.'* It is true to say however that the general tenor of their comments was less enthusiastic than their response to the cartoons. Thus, they said:

> *'I didn't mind those. At least someone was thinking about me anyway;' 'all right, they didn't upset me;' 'they made me aware of things like eating- I forgot to eat- I lost four stone;' ' I didn't mind the questions about the babies' feeding and things, also I didn't mind the questions about my food.'*

A small number (12%) of those who said that they ***received*** the Programme said that they did not like the forms. The remainder of those who said that they had ***received*** the programme either did not remember the forms or did not think that they had been exposed to them. Three of the five who did not remember the forms had received the Programme in the past year as compared with two out of twelve of those who did remember them. Thus it would seem plausible to conclude that this pattern could not be explained by length of time since they received the Programme.

Table 17: Attitude to the 'green forms'

'Green Forms'	Recipients	Providers	Total
	%(N)	%(N)	%(N)
Liked /very good	6%(1)	4%(1)	5%(2)
Did not mind them	53%(9)	4%(1)	23%(10)
Did not like/not really	12%(2)	93%(25)	61%%(27)
Don't remember / did not get them	29%(5)	0%(0)	11%(5)
Totals	**100%(17)**	**101% (27)**	**100%(44)**

Overwhelmingly the ***providers*** did not like the green forms, with the majority (93%) expressing very strong negative feelings about them, seeing them as too official, too personal, too intrusive:

> *'I hated them- a nightmare-too official;' ' I hated them mostly because they were too official. They frighten people and make them think that you are going to report them or something;' 'a medical background is needed to use them. I didn't like them;' 'they were bad. They made people very wary;' 'very bad- very personal. I wouldn't like anyone asking me what I had for my dinner;' 'the questions were too embarrassing to ask- especially what you had to eat;' 'I hated them because it looked like you were checking up on them;' 'I hated them. They put people off. They think I am being nosy and reporting them.'*

Some of the Community Mothers went on to note that they stopped using them. Only one of the providersr saw them as *'fine. I didn't have any problems with them.'*

7.6 Overall assessments of what would make the Programme better

When those who had ***received*** the Programme were asked what would make it better, the majority (82%:14/17) had varied and specific ideas (see Table 18) The one which was mentioned most often related to the frequency and/or number of the visits (24%). Thus for example they said:

> *'Maybe if she called every week instead of every month;' 'more time, more visits and for longer until the baby is older - especially for first time parents.'*

Others were implicitly more critical and said:

> *'A couple of times she never turned up. I know she was busy but I needed her;' having a Community Mother who didn't talk about others - and maybe having someone who didn't know us and someone we did not know;' 'if the Community Mother had done a course on child care already.'*

Other suggestions which were mentioned were

> *'meeting other mothers/families more often outside the home;' 'some place to go and meet other mothers in the community to swap ideas and experiences;' ' visiting people who were more isolated or lone parents;' 'being advertised more 'so that people would not be afraid of it;' 'if the organisers came to the Community and explained to the people more about the Programme, people might trust the Programme more.'*

When those in the ***providers'*** sample were asked what they thought would make the programme better, again the overwhelming majority (85%) had very specific, and diverse ideas (see Table 18). For the most part these ideas related to various aspects of the delivery of the service. Thus for example some (15%) referred to the desirability of *'more visits, more often.'* Others (22%) stressed:

> *'group sessions with families and community mothers;' 'a place- a drop in centre for Community Mothers and families;' 'getting all the parents together at least once a month for a social gathering to talk about the programme and their feelings about it.'*

One or two references were made to the selection and allocation of Community Mothers; to better standards for choosing Community Mothers and to the need for identification. Others stressed the importance of mothers being introduced to it earlier. Some referred to the need for publicity in the local community and at national level. *'nobody knew about it. It was too secretive.'* Others stressed the importance of stronger links with the wider institutional structures: *'More connection with the Health Board, and the Department of Education- to let them know what it is really like for some families'.*

Table 18: What would make the programme better?

What would make programme better?	Recipients	Providers	Total
	%(N)	%(N)	%(N)
More visits and/or more often	24% (4)	15% (4)	18%(8)
Group sessions/ meetings /Drop in centre	12% (2)	22% (6)	18%(8)
Ads/ Publicity /Links with Health Board	12% (2)	15% (4)	14%(6)
Allocation/training/identif for Comm Mothers	6%(1)	7% (2)	7%(3)
Targeting (Flats/poor housing/most isolated)	12% (2)	11% (3)	11%(5)
No Green forms	0% (0)	7% (2)	5%(2)
Other	18%(3)	7% (2)	11%(5)
Nothing really/ Don't know	18% (3)	15% (4)	16%(7)
Total	**102%(17)**	**99%(27)**	**100%(44)**

Some respondents, arguably reflecting their own situation, thought that the Programme would be improved by omitting the 'green forms': *'the forms were terrible- they should go;'* Others thought it would be improved by *'Community Mothers being employed doing full time work'*. A small number referred to issues related to its inclusiveness, and particularly to its availability to *'people in flats.'* Thus it is clear that there was considerable variation in these responses.

7.7 Training

Since training is an important element in affecting both the delivery of the Programme and its impact, the ***providers*** were asked to evaluate it. Overall, there were very high levels of satisfaction with the training. The overwhelming majority (89%) of ***providers*** were happy with the time and day on which training was organised; and with the venue (85%). Thus quite clearly, considerable efforts were made to accommodate their needs and to arrange training at times which suited them.

More than three-quarters (77%) of the ***providers*** assessed the training on the five point scale as 'very helpful' (top point). All but one of the remaining respondents assessed it as helpful (point 2). In explaining their satisfaction with the training, some of them adverted to the fact that it:

> *'explained the programme well;' 'it prepared us- the role playing was good;' 'I wouldn't have known how to approach someone otherwise;' 'I couldn't have done it without it;' 'they prepared you for rejection at the doors.' 'It gives you the confidence to go out and do it;' 'They gave me ideas, opened*

me up more. It helped me a lot.'

It was clear that for some the key thing was that they had been respected: *'They asked our advice. They listened to us.'* Some stressed that *'it helps you to reflect on your own experiences;' 'it made us think back to when we were mothers ourselves and this made us more aware of how the new mother felt.'* Others referred to the information provided on the baby's stage of development and the input of the nurse. They stressed that *'the tutors were very good.'- brilliant training really'.*

The small number of respondents who were slightly less enthusiastic about the training than the majority referred to the need for *'more training;'* particularly as regards *'knocking on doors;'* with just one respondent being critical of the content of the course and describing it as 'm*ostly common sense'*. Not surprisingly then the overwhelming majority of the respondents said 'nothing' when they were asked what part of the training they found least useful. The green forms were the only element which were mentioned more than once.

The **providers** were also asked what sorts of topics the training covered. Some noted that it had particularly covered health, nutrition, and the needs of the mother and baby:

> *'health,-mother and baby;' 'baby's health mothers health, food, cleaning the bottles etc.;' 'baby's needs at birth, post-natal depression, health issues;' 'nearly everything from nappy rash to colic.' 'money problems' or 'safety' 'mothers feelings;' 'feelings, health, insecurities, fears, delivery of the baby, hospital treatments if you are sick etc.'*

Others said that the training focused on the business of

> *'knocking on doors, how to put people at ease;' 'approaching people at the doors, how to produce the forms and cartoons, preparing for the visits;' 'accepting refusals; injections for babies; clinic and nurse times, nutrition;' 'what it feels like to be a mother again- and role playing knocking on doors.'*

A small minority mentioned that it included very specific topics such as *'how to cope with death; premature babies.'* Roughly one in ten respondents could not remember what topics were covered.

When the **providers** were asked what they thought about the topics that were covered in the training, 85% said that they thought these were *'very good'; 'useful; 'that they needed to be covered'*. The remainder simply said that they were *'all right;'* or that *'They were good- 90% of them.'* No one felt that any of the topics covered should be left out. Some of them identified other topics, which they thought should have been covered:

> *'breast-feeding should have been included, what to expect if you do it' ; 'how to cope with mothers who do decide to breast feed;' 'parenting itself should have been covered;' 'bereavement should be covered, and twins and premature babies;' 'topics should include sex education, family planning, otherwise most young mothers will continue to have unplanned babies.'*

It is important to note that as the Programme continued, some of these topics (such as bereavement) were covered in detail, although of course some Community Mothers may not have been exposed to them.

When they were specifically asked what part of the training they found most useful, just under half of the **providers** (44%) referred to the role playing:

> *'the role playing- facing rejections etc.;' 'knocking on people's doors etc.;' 'the acting out of going to a door, different approaches;'*

The next most popular elements (26%) were in the communication skills area including:

> *'getting our opinions, ideas, getting us to open up;' 'our own fears regarding problems with the families.' 'expressing ourselves in a group'; 'feedback from the other Community Mothers;' 'the monthly one to one feedback sessions.'*

Roughly one in ten specifically referred to *'the parts about the babies themselves'* as the most useful; *'the progress of the baby from 3-9 months;' 'injections for new babies- the after effects etc.'* Overall, it was very clear that the training had a very beneficial effect indeed on the overall confidence and knowledge of the Community Mothers.

The overwhelming majority (85%) of **providers** were also very positive about the feedback sessions:

'great'; 'brilliant- you know you are not alone;' 'great, its great to hear the other Community Mothers stories, experience etc.;' 'very good, really needed, very helpful;' 'I found them very helpful to express fears, get advice;' 'I liked them. I liked meeting the other Community Mothers;' 'the one-to-one ones were very good.'

A small number of respondents (15%) were less enthusiastic-

'sometimes they were too drawn out;' 'some were OK but sometimes you had nothing to report;' 'not good- some people held back- some people spoke too much.'

However the dominant impression was that the feedback sessions, like the training, were overwhelmingly seen in very positive terms.

The **providers** were specifically asked if they were able to discuss the situations that they found difficult in the feedback sessions. Roughly two thirds of the respondents (67%) said that they were able to do this:

'I could yes. I felt relaxed with the other Community Mothers and the Health Nurse;' 'Yes. I was comfortable with the Co-ordinator'; 'Yes, I had the confidence to speak my mind there;' 'Yes. I felt relaxed with my one to one support;' 'Yes everyone opened up and I found it easy to talk;' 'the people there were good listeners;' 'Yes I could talk about anything in the group or in private.'

The overwhelming majority of the **providers** were able to discuss the situations they found difficult either in the group or in an individual context. Some of them indicated a preference for one of these settings:

'for private things one to one was better;' 'I didn't always have time at the sessions to tell everything- its easier one to one with the Co-ordinators;' 'Sometimes, somethings were too private for the group to know;' 'I did discuss more in the one- -to- one sessions; I felt more relaxed in my own home ...on a one to one basis;' 'I was able to discuss things one- to- one; the group sessions were more difficult.'

A very small number of respondents seemed to have greater difficulties: *'I didn't say anything really. It was difficult;' 'Sometimes. We didn't use names, but I felt that* *people would know the families that I would talk about.'*

More than half (56%) of the **providers** did not identify any other kind of support which might have helped. The remainder made a variety of suggestions, such as

- having more frequent feedback sessions;
- having someone with them for the first few visits;
- getting support immediately after the visits;
- more individual sessions;
- more money *('so that it didn't cost me money');*
- more sharing with the other Community Mothers;
- having a support group for the Community Mothers *(' for our feelings to be dealt with- our fears');*
- having more contact with the groups in Dublin and Cork *('to hear their stories')*
- having more of a link with the Public Health Nurse at the beginning.

These ideas are interesting, but it is worth noting that there was no consensus whatsoever in this area, with for the most part each of these suggestions being endorsed by no more than one person.

At the very end of the interview the **recipients** were asked if there was anything else they wanted to add. It was striking that those who did referred for the most part to the need for improvements in the way the service was delivered.

They referred to the need for a *'more sympathetic Community Mother and she should have been better trained';* the need for the Community Mother to be more relaxed with them;

> *'it should be advertised more maybe in the Maternity wards;' 'Why don't people explain what is going on in the Community? I haven't a clue about what is there for new mothers'; 'I'd like to know how long the programme lasts... My visitor left after three months and I saw no-one after that- I needed more time;' 'no-one explained the Programme to me beforehand, so when she turned up on my door, I didn't know what she wanted. I didn't trust it;' 'I'd have preferred more visits - twelve at least in all;'*

There are clear implications as regards improving the delivery of the service. However, it is important to stress that these views were expressed within a context where they stressed that *'all in all its a pretty good programme where the Community Mother was very helpful and good information provided to help people cope.'* Thus it is clear that although in some ways the delivery of the Programme is evaluated very positively, there are areas for improvement. On the positive side, the majority of the ***recipients*** were satisfied with the Programme. They all felt very positively about the scheduling of the visits. For the most part they found it easy to talk their Community Mothers. They were happy with the kinds of things which were talked about, and the majority were enthusiastic about the cartoons. Equally it is clear that the ***providers*** were very happy with the training and feedback sessions and saw them as having an important impact on themselves.

On the other hand it was clear that there were issues surrounding the frequency of the visits and about the whole way in which endings were handled; and that there were difficulties about getting people to take the Programme. There are also implicit administrative difficulties since almost one third of those on what purported to be a list of families who had received at least three visits, did not appear to have done so, with some of them being very interested indeed in receiving the full Programme. It is also clear that there was a good deal of interest, amongst both ***recipients and providers***, in various kinds of group support. There were a number of other possible developments which could usefully be discussed, although in many cases there was no consensus about their desirability.

8. Impact of the Programme

The main focus in this area at a general level was on the perceived positive and negative impact of the Programme on both ***recipients*** and ***providers***, and more specifically on their confidence, their links with the local community and on the way they handled their children.

Obviously since the evaluation was not longitudinal, it is impossible to say to what extent particular phenomena (such as their involvement in community organisations) are due to their involvement in the Community Mothers' project. Nevertheless it is possible that there is some association and hence this data is presented here.

8.1. Overall assessment of positive/negative of Programme

When the ***recipients*** were asked whether, overall, the programme had any effect on them, 70% (12/17) of those who said that they had received it said that it had a good effect :

> *'very good effect -I know more about the baby's health;' 'it made me feel better, cause I got on great with the Community Mother;' 'yes it was encouraging and supportive;' 'Yes it did. It helped me to come to terms with a lot of problems with the baby and I also realised how thin I'd got;' 'it did. It made me think about my diet and myself in general;' 'Yes very beneficial; very helpful, good hints;' 'It gave me an insight into how to make things easier for myself- short cuts etc.;' 'It made me think that I could be a Community Mother myself.'*

The ***providers*** were also asked whether being a Community Mother had any effect on them. In reply to this open- ended question the overwhelming majority (82%) also said that it had a positive effect on them. The kinds of effects that they referred to varied. The one which was mentioned most often by the ***providers*** in reply to this open ended question was that it gave them more confidence in themselves: *'It boosted my confidence- it changed me completely;' 'I was doing something good for people. It made me feel good.'* Others referred to its impact on the way that they handled their own children:

> *'I felt more relaxed with my kids- happier with them'; 'I learned a lot of information I could use myself like the cartoons on sickness and behaviour;' 'It gave me tips on raising my own kids;' 'It makes me more easy with my own kids. I don't shout and roar as much at them now.'*

For other ***providers*** the key thing was that it gave them a wider perspective on what is going on in the area: *'It opened my eyes. I learned a lot myself about people, and the information was good about the community;' 'It made me more aware of what is going on -other people's problems.'* Others simply enjoyed the experience itself: *'Good- I enjoy it a lot. It gives me something to do and I love meeting the new mothers;' 'It got me back into doing something for myself.'*

A small group (15%) said that in reply to the open-ended question that it had no effect, with just one respondent (4%) feeling that it had a bad effect on her: *'I didn't enjoy being a Community Mother at all.'*

The **providers** were specifically asked to identify positive effects of the Community Mothers Programme and all of them were able to do so. They were asked to identify three such effects, and since most of them did so percentages do not add up to 100% (See Table 19) The most common positive effects identified by the **providers** were

- increased confidence (mentioned by 67%);
- increased social contacts (37%)
- more knowledge(33%)
- improved communication/social skills (30%).
- being calmer/more relaxed (26%)
- being more secure /having higher self esteem(26%)
- being needed/useful (22%)
- improved parenting (19%).

Thus for example they referred to:

> *'more confidence; more informed about the community;' ' more confidence; felt good that I helped others and learned more about being a good parent;' 'got to know the families, had improved confidence and were more aware of what was going on in the area'; 'that it boosted confidence; made a lot of friends and made me more involved in the development of my own community.'*

Others referred to its effect in terms of

> *'bringing them out of themselves, giving them the urge to return to work and building confidence;' 'self esteem rose, better parent and that I could communicate better;' 'more aware of health and parenting more confident and more relaxed.'*

For some it extended their social arena in the sense both that they got to know a lot of people and that

> *'they learnt the human side of the authorities;' 'that they 'learnt to work with a group;' that they 'enjoyed going to the Community Centre and getting to know everyone there.'*

When the **recipients** were specifically asked to name three positive effects, 82% (14/17) of those who had received the programme were able to do so.

Amongst them, the most common positive effects were that it had given them

- more knowledge (41%);
- made them feel more secure/improved self- esteem (41%);
- improved their parenting (41%);
- made them feel calmer and/or more relaxed (35%);
- increased their social contacts (35%).

A variety of other positive effects were also referred to (see Table 19). Those who said they had received the programme said things like that it had made them feel

> *'confident, relaxed, more informed;' 'more knowledgeable about babies; security of knowing that I had someone to get advice from; someone to talk to;' 'more relaxed; more confident; more informed about the baby's operations;' 'more confident, more relaxed, less affected by problems I had;' 'I felt better about myself; I felt I knew more; more relaxed with the baby.'*

In a small number of cases one particular effect was so important that the respondent focused on different aspects of it in referring to positive effects:

> *'Made a new friend; nice to have a visitor especially as I'm not known here;' 'More knowledge about kids development, more advice about kids health; food advice.'*

Since the focus is on the proportion of respondents who referred to a particular kind of positive effect, this information is not reflected in the table.

Table 19: Type of positive effects

Positive effects	**Recipients**	**Providers**	**Total**
	%(N)	%(N)	%(N)
Confidence	24% (4/17)	67% (18/27)	50%(22)
More knowledge	41% (7/17)	33% (9/27)	36%(16)
Secure/self esteem	41% (7/17)	26% (7/27)	32%(14)
Improved parenting	41% (7/17)	19%(5/27)	27%(12)
Social contacts	35% (6/17)	37% (10/27)	36%(16)
Calmer/more relaxed	35% (6/17)	26% (7/27)	30%(13)
Comm/Social skills	6% (1/17)	30% (8/27)	20%(9)
Being needed/useful	6% (1/17)	22% (6/27)	16%(7)
Job/Job Prep	0% (0/17)	7% (2/27)	5%(2)
Other	18% (3/17)	26%(7/27)	23%(10)
No Positive effects	18% (3/17)	0%(0)	7% (3)

(Note: Percentages do not add up to 100% since most respondents mentioned more than one)

When the ***providers*** were specifically asked what they thought the families got out of the visiting, overwhelmingly they referred to different kinds of support received by the mother. Thus more than one third of them (37%) referred to the fact that they got *'someone to talk to about their problems'; ' a chat and a friend to listen to their problems;' 'a chat and someone to share the baby with.'* Some specifically referred to the fact that this support was important since *'they opened up more to a stranger than to their own parents.'* A further group (33%) referred to other and/or a wider range of support. Thus they referred to a variety of different kinds of *'support, advice and information;" 'making new friends and getting more information about the community;' 'information re classes etc.;' 'company and information- the cartoons.'*

Just under one in five (19%) adverted to the fact that the recipients got confidence:

> *'confidence within themselves- especially young mothers who were isolated;' 'more confidence in themselves- and the kids got the benefit of that'; 'first time mothers get confidence and support from the older mothers- they feel important to be visited.'*

A small number of respondents (11%) felt that it varied between families- *'some* *benefit, some don't;' 'depends on the family- some get more -if they trust you and if they try to accept the programme'.*

It is quite clear that participation in the Programme was perceived by both **providers** and **recipients** as having positive effects both in terms of their own personal development and also in terms of their extent and range of their social contacts. It does not seem unrealistic to see this as the beginning of the development of community awareness and community leadership. It is particularly important in this context to recall the widespread difficulties experienced by the **providers'** in knocking on doors and meeting strangers.

Those in the **providers'** sample, some of whom had ceased to be Community Mothers for various reasons, were specifically asked if there were any negative effects. Almost half (48%) of them said that there were none. Of those who did refer to negative effects the most common references, by roughly one in five of the total sample were being rejected at the doors *('the refusals- they knock you for six;' 'I'd get negative when people turned me down';) or had difficulties involved in gaining access ('I felt bad going to strangers houses.').*

A small number of the **providers** were shocked by the poverty they saw or by other experiences: *'Seeing people on the poverty line;' 'One mother died whom I visited. That shocked me;' 'Some houses...I didn't want to go back over the dirt.'* Mostly those who referred to other negative effects referred to some aspect of the Programme such as going out in all weathers; the forms ('I hated the forms');or simply trying to organise times with the families.

Those who had **received** the Programme were also asked to identify three negative effects. Three quarters of them said that there were no negative effects. Those who did, referred mainly to aspects of the Programme which, they thought were inadequate:

> *'Because I knew the programme I felt bad because I wanted it and I didn't get it from the Community Mother;' 'if the Community Mother had been more trained...It put me off the whole programme altogether;' 'sometimes I found it hard to talk because I'm a bit distant. I felt she couldn't relax with me sometimes;' 'the visits didn't last long enough;'.*

It is obvious that these comments suggest that the Programme had no serious negative personal effects for the recipients. They do however suggest ways in which the programme might be improved.

8.2 Specific effects (on way they handle children; confidence; local information etc.)

The programme is intended to provide support and information to mothers. It recognises that providing such support may have an effect on the way they handle their children (Hermanns, 1997). In fact, roughly three-fifths (63%:10/16) of those who said that they had ***received*** the Programme said that it had changed the way they handled their children, with frequent references being made to the fact that it had made them more understanding of, and more informed about, their children's needs:

> *'It has. I'm more understanding, less possessive of him. I let others help me;' 'I'm more informed and aware of health issues. I am also more understanding now with the kids; I know more about the clinics.' 'Yes. Diet for the baby. It improved it;' 'I'm a lot calmer now. I am more relaxed now. I don't blame myself as much when she cries now;' 'a bit. I feel more relaxed with the kids. I explain things to them now- before I would get mad;' 'yes. I think a bit more about the way I handle them. I stop and think before I lose my cool.'*

Amongst those who said that they had received the Programme but that it had no effect on the way they handled their children (n=6), some went on to say that 'No that will never change. *I'm OK with them- I'm happy really;' 'I wanted the [full] programme but I didn't get it. She just left and never came back. I hadn't asked her to go. I wanted her to come back.'*

Roughly three fifths (59%) of the ***providers*** felt that participation in the Programme had changed the way that they handled their children. In some cases they used the cartoons with their own children: *'cartoons will play a role in my parenting now'; 'the cartoons about the food I still use;' 'my kids find the cartoons great also.' They also found the 'leaflets on sickness very good, and on safety in the home.'* In other cases they stressed that

> *'I have more patience with them now'; 'I am more relaxed and understanding with them now'; 'I look at things differently now. I see the*

> *good now in the kids;' 'more relaxed, more knowledgeable and more patient'; 'I listen more now and I encourage them to do more things around the house now'; 'I try to see things through their eyes now;' 'I use better wording now when I correct them;' 'Before you would shove them aside. Now I give them more time;' 'I am more watchful of my kids health now;' 'It benefits me with the older kids too.'*

Thus it is quite clear that although the focus of the programme is not on the **providers'** child rearing practices, they have been affected in a sizeable proportion of cases.

Various studies have shown that women feel they need experiences which increase their confidence (see O'Connor, 1996C). Those women who had received the programme were specifically asked if, overall, the programme had any effect on their confidence. Just over half of those who said they had **received** the Programme (53%:9/17) said that it did:

> *'It boosted me. I was worried about coping and the Community Mother made me feel better;' 'It boosted it to learn that I could cope with my family;' 'It improved it where the baby was concerned. I began not to be ashamed of him and his deformity.'*

Even more (81%) of the providers said that participation in the programme had affected their confidence. Only a small group (11 %) said that it had not because they were confident anyway; while one mother said that it had affected their confidence in '*a bad way*'.

An important indicator of the effect of the programme is its impact on their involvement in the community at any level. At the most basic level this was assessed in terms of its impact on their information about what was going on in the community. Just over half (53%: 9/17) of those who said that they had received the Programme said that it had a positive effect in this area. They referred to the fact that the Community Mother had given them information

> *'about doctors times, smear tests, mothers health etc. It was great;' 'I found out about other mothers with kids with cleft palates, so that helped;' 'Yes. She told me about crèches and mother/toddler groups;' 'It did. Before I didn't know the times of the District Nurse;' 'It improved it- support groups, VTOS,*

> *Gingerbread;' 'Yes, parent group sessions;' 'about the community and about money advice and rights in Social Welfare in general.'*

In the **providers** sample, the majority (81%) felt that it had increased their information about the local community:

> *'about courses, the Health Centre, what is going on there;' 'I know the District Nurse now and the Social Worker;' 'now I know about classes, clinics, smear test information, eye clinics;' 'about dances, social events, crËches;' 'the clubs, the clinic times, things like that;' 'I learned about the play school and the créche;' 'I know about more events now, and where the clinic is;' 'I know the people who have the information that I need now so it is easier.'*

Roughly one in five felt that it had made no difference in this way since they already had that information.

One of the hopes behind the programme is that it would encourage the mothers to make new contacts, to get involved with groups, organisations, in adult education etc. Obviously, they may already be involved in these areas, or have little space for new ventures, something that is particularly likely to be so in the case of the new mothers. Those who said that they had ***received*** the programme were asked whether or not they felt that it had improved their links with others in the community. Amongst the ***recipients*** only a very small number (12%:2/17) said that it had done this: *'I started to go out more with people around;' 'I knew the families who had babies around then, and I used to share information with them.'* Some of those who said that it had no effect on their links with others in the community went on to say *'not yet anyway'*.

Over a quarter (29%:5/17) of those who said that they had ***received*** the programme said that it had an effect on them in terms of making new contacts in classes, groups and organisations

> *'I started knitting and cookery classes;' 'Yes, at the Youth Centre-assertiveness classes, cookery and sewing;' 'I met new people and we swapped information;' 'Yes- classes,- adult education - Leaving cert.'*

Interestingly, five of the six respondents who said it had an effect in this area had received the Community Mothers' Programme at least three years ago, as compared with one of the eleven who said that it had no effect. The numbers are small but it does seem possible that this effect of the programme on ***recipients*** takes about three years to emerge.

Only a small proportion (7%: 2/27) of those who had ***received*** the Programme were currently involved in community organisations or activities. When they were asked if they would like to be, some referred to the fact that they were too tired, or too busy with the baby, work etc. at the moment. However, of those who were not, half (50%:12/24) said that they would like to do something in the future:

- to develop their domestic skills (in the child care or cookery areas);
- to attend evening classes in a very different area (such as computing or typing);
- to join a children's group for the kids or a mother and toddler group
- to return to something that they were previously interested in (such as meditation).

The majority (78%) of the ***providers*** felt that participation in the Programme had affected their links with the local community. It had done this in different ways in the case of different people. Thus for example they said that:

> *'I got more involved. I started a support group for lone parents. I started a flower arranging class too;' 'I got more involved in the Committees;' 'I got to know the Public Health Nurse and the Social Services people;'*

For others the effect was simply that *'I know people better now and I chat to people more now;' 'I have more friends;' 'I know places better now- the facilities available around;'* This had obviously increased their feelings of control since as one noted: *'I know where to find things if I want them.'*

More than half (56%) of the providers were involved in various kinds of community organisations or activities (apart from the Community Mothers' Programme). These included

- being on the Committee in the Resource Centre;
- helping out in the Credit Union and being one of the Board Members;
- being on the Management Committee of the Family Resource Centre and also in the Action Centre;

- helping in St Enda's School on the Committee;
- fund-raising and doing hospital visits for Friends of the Elderly;
- managing a community crèche;
- being involved in holistic massage in the Community;
- helping in the local employment service;
- being on the local committee of the Sunflower project and on the Parents Schools Council;
- on a sub committee involved with Community Development;
- on the Management Committee in Ballynanty and the Lady of Lourdes sub committee;
- in the Southside Marching Band;
- on Committee in Kileely and the Board of the VEC;
- chairperson of a Community network in Ballynanty and of crèche management in the Resource Centre, Ballynanty Hall Committee,
- Residents Committee,
- Lone Parents Advisory Committee and on the Management of the Resource Centre;
- Board of Management in the Secondary School.

Perhaps even more strikingly 96% of the ***providers*** had attended classes of various kinds. Roughly half had attended parenting classes and assertiveness classes. References were also made to

- the Irish Pre-school Play group association courses in child care;
- sewing; cookery; knitting;
- first aid in the home;
- sex education;
- assertiveness;
- money management; welfare rights;
- a diploma in the organisation of Community Groups;
- typing and office procedures;
- computers;
- aerobics;
- personal development;
- keep fit;
- pottery;
- aromatherapy;

- flower arranging;
- effective management,
- facilitation;
- English; maths;
- toastmasters;
- women in history;
- European history;
- writing for the media and creative writing.

It was striking how often they said:

> *'I like educating myself'; 'I enjoy learning new things'; 'I wanted to have other interests besides family;' 'I wanted to learn more to improve my skills;' 'I wanted to improve myself;' 'I am interested in new classes and education- that is why I do them;' 'I want to learn more; 'I love learning new skills;' 'I'm interested in improving myself so that's why I do the classes.' 'I enjoy training with a group'.*

Indeed two-thirds (67%) of the ***providers'*** explained their participation in courses in these terms, indicating a huge reservoir of interest in adult education. Only 11% said that they *'needed to get out of the house'; wanted something to do;'* - while a roughly similar proportion wanted more information about their children.

It was striking too that roughly half (48%) of ***providers*** felt that participation in the Programme had opened up new contact for them in a variety of these classes, organisations and groups. The ones which were specifically referred to included

- 'flower arranging, upholstery;'
- 'calligraphy classes, cookery classes;'
- 'cookery, assertiveness;' 'sewing classes and cookery;'
- 'computer course, sewing, knitting, driving lessons- it gave me the confidence for that;'
- 'art classes, Action Centre at Our Lady of Lourdes, yoga;'
- 'training (NCVA) in child care;'
- 'all the Committees in PAUL Partnership';
- 'getting on the FAS scheme in the local school;'
- 'the other Community Mothers and PAUL Partnership (despite leaving the

Programme);

- 'I found out about Barnardos in Moyross;'
- 'I went back to work after 15 years and I am now setting up a mother and toddler group.'

It is difficult to avoid the conclusion that the very high participation in classes in this group is not unrelated to their participation in the Programme. It augurs very well for their ongoing participation in community and educational activities.

8.3 Overall comments

At the end of the interview with the providers, they were asked if there was anything else that they would like to add. Just less than three-quarters of them commented on the programme: half of these (37% of the total sample) spontaneously making positive comments and the same proportion making critical comments. The spontaneous comments that were made were extremely vivid. They said things like:

> *'I think the programme is very worthwhile. My first families are now involved themselves in the Community. I feel good about that. It had a spill over effect- very good. I really enjoy it- I love visiting families. It is great for empowering people- both the Community Mothers and the families...It has boosted the whole community at grass roots level. Now people are making themselves more involved. They are getting up and doing it themselves they are developing things and projects that they need and want...the Community Mothers are making themselves more employable and more assertive;' 'I like being a Community Mother. I enjoy the training and I got a buzz out of the fact that I was asked to do it at all. It boosted my confidence. That's it - long may it continue;' 'I hope the programme goes on.'*

The spontaneous critical comments made by roughly two-fifths of the providers (37%) were equally vivid. They said:

> *'I think something more is needed for the programme. It is missing something. People can't see the benefit of it. They need to be shown how good it is to improve parenting skills for their own sakes and for the kids also'.*

Some were a bit more specific about the way to increase the popularity of the

Programme:

> *'I think the programme would be a lot more popular if it was well known. I think that the families were afraid that they were somehow 'picked' because they were inadequate parents or something.'*

Others were critical of specific aspects:

> *'I didn't like the fact that the green forms were green -very cold. The questions on it need reviewing. They are too personal, and there are too many of them. First time mothers need two visits a month at least;' 'I hope more group sessions start up especially for young mothers. Also it is needed in private houses (i.e. owner occupied housing) as they don't have the support of Community Centres like the poorer estates have;' 'I wish it was advertised more- it is too secret.'*

Interestingly, some of those who had ceased to be providers saw it as having a positive effect:

> *'I really enjoyed doing the programme and the training and meeting everyone.' 'I really liked the programme and found it good.'*

Others however felt that

> *'It is hard for the Community Mother to explain the programme- it is too complicated- something is missing. The programme should only be offered to new mothers in new areas. I feel it would be better if people who were isolated more were offered it. It would be easier for the Community Mothers if the families really needed the support.' 'the Programme was good but the forms should go.'*

One or two felt unsuitable for the programme- as they saw it: they worried too much about the families and got stressed out.

It is clear that amongst the majority of both the providers and the recipients the Programme is perceived as having a positive effect. Thus for example roughly three fifths of both the recipients and providers saw it as affecting the way they handled their children. The majority of the providers saw it as having affected their level of confidence. Roughly two fifths of the recipients saw it as having given them more knowledge; increased security/self esteem; made them feel calmer/more relaxed and increased their social contacts.

Not surprisingly perhaps in view of the intensity of child care demands when the children are small, only the majority of the ***providers***, saw it as affecting their links with the community, and in particular as having generated new contacts in various group based contexts in the community. However both the ***recipients*** and the ***providers*** saw it as having affected the amount of information they had about what was going on in the Community. An extraordinarily high proportion of the ***providers*** (96%) had attended classes of some kind, and there was a striking level of interest in education and an impressive range of involvement in community activities. It is not possible to definitively say that these reflect the impact of participation in the Community Mothers' Programme, but it seems plausible to suggest that they do.

Furthermore there is indirect evidence to suggest that, because of the intensity of child care demands, this effect takes some time (up to three years) to emerge. It is of course possible that this time period will be shorter with the increased usage of day care.

9. Summary

The existence of Community Mothers' Programme constitutes an important recognition that support between women is important. Implicit in the Programme, as it has developed in Limerick, is the idea that women vary in their experience of motherhood, and in particular in their experience of the period immediately after the child is born. Implicit in it also is the idea that the understanding, advice and support of an experienced mother can be helpful at this time. Finally central to the Programme is the idea that the new baby's well being is very closely related to the mothers, so that if she is well and happy, then this will inevitably have an impact on the new baby.

Much of this thinking rests on assumptions that can be seen as problematic in our society. Thus the very idea that (untrained) women can help other women can be seen as problematic in an increasingly professionalised society. Similarly, the idea that support in facilitating the care of a child can be given without a consequent attempt to exert control in the sense of removing the child, terminating parental rights etc. is comparatively unusual (see O'Connor, 1996B).

The very idea that such support will be given free of charge, in the woman's own home, without any strings attached, is also unusual. The premise of the Programme, that women vary in their experiences of child care is an idea which tends to be obscured in a society where the experience of motherhood is assumed to be 'naturally positive.' This assumption is a highly convenient one in so far as it implies that a need for support is 'unnatural'- thereby eroding women's entitlement to such support and the need for society to provide it. Finally the recognition (Hermanns, 1997) that helping the mother is conducive to a child's well being sits uneasily with a developmental focus on children, within a society which can too easily portray their interests as opposed.

This Report has been particularly concerned with presenting a qualitative evaluative picture of the Community Mothers' Programme in Limerick. It has also described the establishment of the Programme and has indicated the way in which the documentary analysis was used to highlight issues related to the turnover in Community Mothers on the Programme. The in-depth study involved a random sample of mothers who ***received*** at least three visits and all the ***providers*** (such lists being provided by the Co-ordinators) who had contact with the Programme up to January 97. It thus provides an insight into the Programme at one point in time, a Programme, which has shown a capacity to grow and deal with the issues which have emerged at various stages of the evaluation.

Substantively, the report focuses first on the context within which the Community Mothers' Programme is provided; it presents the overall evaluation and perception of the programme by ***recipients*** and ***providers;*** it highlights issues related to its delivery and finally to its impact. The picture that emerged underlined quite clearly the need for the Programme despite the fact that in this study such mothers predominantly had partners and relatives living nearby.

It is impossible not to be impressed by the directness and intensity of their negative feelings of roughly half of them when they came home from hospital with the new baby. Even amongst those whose partner and/or relatives were very helpful, it is clear that the presence of 'an outsider' who listened; to whom they could tell their fears and anxieties and who validated their own experiences as parents was extremely important. Furthermore, it was equally clear that within a society which tends not to positively value 'ordinary' women's competencies in

the child care area, the experience of being a Community Mother was in itself an extremely positive one for many of the ***providers***.
There are, of course, difficulties in implicitly challenging assumptions about motherhood, support etc. Thus, as the ***providers*** saw it, there were difficulties communicating to people what the Programme was really about. They found knocking on doors extremely difficult, and it is clear that at times they perceived rejections when they were not intended. However they valued the training and feedback they received enormously. But but for some, knocking on doors to offer support remained extremely difficult. It is also clear that endings, for various reasons, were not well handled and that there were administrative difficulties surrounding the transfer of cases etc.

It was also clear that, although all of the ***recipients*** were satisfied with the arrangements made as regards the visits and were generally satisfied with the Programme, there were widespread reservations about the frequency of the visits, with most of the recipients being in favour of more frequent visits, at least in particular situations. It was clear that the cartoons in the Early Child Development 'pack' from the University of Bristol were embraced enthusiastically by both the providers and the ***recipients***, and that they were seen as an extremely useful and acceptable way of providing information and advice. It was also clear that the ***recipients*** were much more tolerant of the 'green forms' (documenting the child's progress and the mother's own diet etc.) than the ***providers***. In part this reflected the fact that the ***providers*** saw them as intrusive whereas the recipients saw them as indicating that someone was there to ensure that they would look after themselves in, what was for many, a chaotic and bewildering period after the new baby was born.

It was very clear that for both ***providers*** and ***recipients***, the Programme had a very positive effect. It was very striking that this effect was as strong, and in certain dimensions (e.g. in terms of its effect on their confidence) stronger in the case of the ***providers*** than the ***recipients***. The majority of both saw it as having a positive effect on the way they handled their children, although as one might expect this effect was spontaneously mentioned more often by ***recipients*** than ***providers***. Numerous references were made to the fact that receiving the programme had made them more relaxed, more patient more able to look at things from the child's point of view etc. The majority of both the ***providers*** and the **recipients** also said that it had a positive effect on the amount of information they had about what was going on in the community- which in itself can be regarded as a prelude to involvement in the area. The majority of the providers also saw the Programme as having affected their involvement in the community, and particularly in making new contacts in various groups, organisations etc. It was certainly true that half of the providers were involved in a very impressive range of community organisations, and that 96% of them had been involved in a wide range of classes of various kinds. It was very clear that a striking proportion of them had a considerable appetite for knowledge and new experiences, phenomena which cannot be definitively attributed to participation in the Community Mothers' Programme, although it undoubtedly had an effect on such attitudes and experiences.

It is envisaged (Dept of Health, 1995) that all Health Boards will facilitate the establishment of Community Mothers' Programmes in their areas. This evaluation clearly underlines the desirability of this initiative. It also suggests how the delivery of the service can be improved in the Limerick area, and its contribution maximised. This clearly has implications as regards its provision in other areas. It offers ideas as to the ways in which the Programme might be further developed (greater publicity; greater flexibility as regards contact; a focus on endings in the training material; greater use of group sessions etc.). It is clear that the Programme has had a very positive effect within the Limerick area, and one which might well be emulated in other areas.

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Traditionally the view has been held that women's actual experience of motherhood is 'naturally positive', a view, which obviates any need for society to provide special support for women after the birth of a child. In this context traditional supports, such as help from spouses and/or mothers have been assumed to exist. Dramatic increases in lone parenthood, and in the number of mothers active in the labour market within a society where paternal and state involvement in child care is very low, has provoked some anxiety about the continued viability of traditional supports.

In this context the state has articulated a series of policies to strengthen the family. The Community Mothers' Programme is one such example. It is a peer led programme, which rests on the assumption that the understanding, advice and support of an experienced mother can enhance a new mother's ability to care for and enjoy her child and so can affect his/her development.

This report examines the experience of Community Mothers' Programme in Limerick City. It outlines the establishment of the Programme, on a pilot basis, in Limerick Social Service Centre, with funding from the Bernard Van Leer Foundation and the Mid-Western Health Board. It explores the context within which the Programme was provided and examines the effect of the Programme on both the recipients and providers. It makes suggestions on ways of improving the operation of the Programme. This evaluative report clearly underlines the desirability of mainstreaming this initiative nationally.

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